



NWT Health Status Chartbook

Transition and Strategic Planning

La santé des TNO en graphiques

Transition et planification stratégique

Le présent document contient la traduction française de l'introduction

Fall 2019 | Automne 2019

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- This chart book provides a broad overview of the health status of the NWT population.
- The chart book covers over 50 measures grouped into five broad topic areas: determinants of health and well-being, mental health and addictions, morbidity (i.e., illness), mortality, and child health and well-being.
- This chart book is not meant to be an exhaustive detailing of the health status of NWT residents but rather a scan of the main issues.
- This chart book builds on other reporting including system performance measurement that can be found in the Annual Report 2017-2018 NWT Health and Social Services System as well as infographics on health status.
- Where possible and relevant, measures have been reported over time, by gender, age group, ethnicity, community type and region. National or sub-national comparisons are presented where available.

- Cet ensemble de graphiques donne un aperçu général de l'état de santé de la population des TNO.
- Il couvre plus de 50 indicateurs regroupés en cinq grands thèmes : les déterminants de la santé et du mieux-être, la santé mentale et la dépendance, la morbidité (c.-à-d. la maladie), la mortalité et la santé et le bien-être des enfants.
- Le présent document ne se veut pas une analyse exhaustive de l'état de santé des Tenois, mais plutôt une analyse des principaux enjeux.
- Il est basé sur d'autres rapports, notamment sur la mesure du rendement du système qui se trouve dans le Rapport annuel 2017-2018 sur le système de santé et de services sociaux des TNO, ainsi que sur des infographies relatives à l'état de santé.
- Dans la mesure du possible et lorsque pertinent, les données ont été présentées au fil du temps, classées par sexe, groupe d'âge, appartenance ethnique, type de collectivité et région. Des comparaisons nationales ou infranationales ont été proposées lorsqu'elles étaient disponibles.

DETERMINANTS OF HEALTH AND WELL-BEING



Demographics

- Population profile of a jurisdiction plays a large part in determining the health of its population.
- Factors such as age, gender, and ethnicity play a large part in driving resource requirements – overall and in terms of the service and program mix.
- Seniors consume more health care resources on a per capita basis than do youth and adults.
- Indigenous populations, on average, have poorer health outcomes largely due to socioeconomic inequities as a result of the ongoing legacy of colonialism, residential school as well as inequities in access to health services.

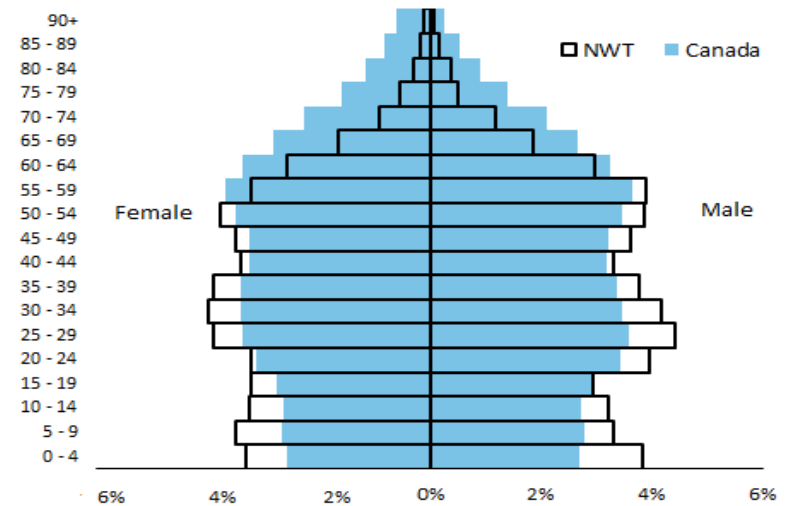
Population – NWT versus Canada (2018)

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The NWT has a younger population profile compared to the national average.

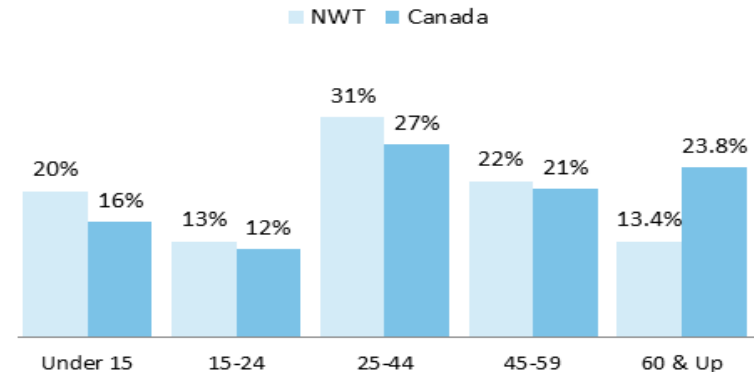
In the last ten years, the NWT's population has grown at less than half the pace of the national average.

The NWT senior population, while proportionally smaller, is growing faster than the national average.



Proportion of Population		
	NWT	Canada
Female	48.6%	50.3%
Indigenous	50.2%	4.9%
Immigrant	9.0%	21.9%
10 Year Avg Annual Growth Rate		
Total	0.4%	1.1%
Under 60	-0.2%	0.5%
Age 60+	5.3%	3.3%

Proportion by Age Group



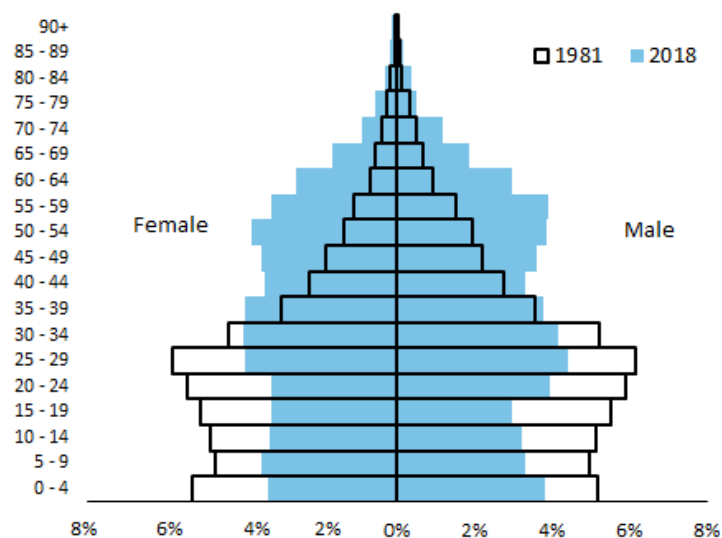
Aging NWT Population

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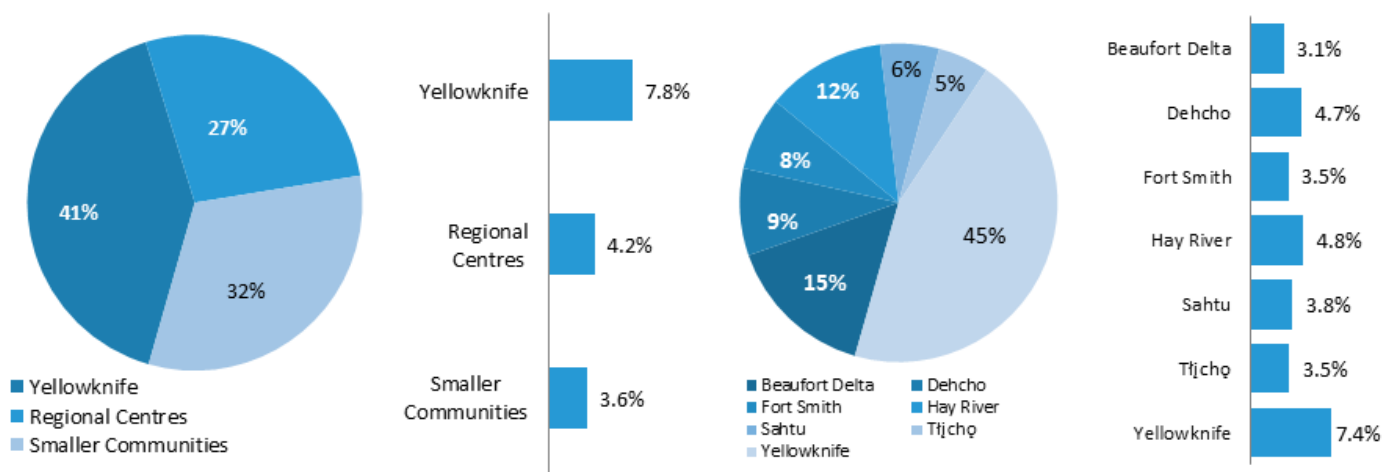
While still young relative to Canada, the NWT's population is aging.

Seniors (age 60+), regardless of community type or health region, are growing faster than other age groups.

The Yellowknife area is experience a growth rate in the senior population up to twice that of other areas of the NWT.



Seniors - Proportion, 2018 and Annual Growth Rates, 2009-2018



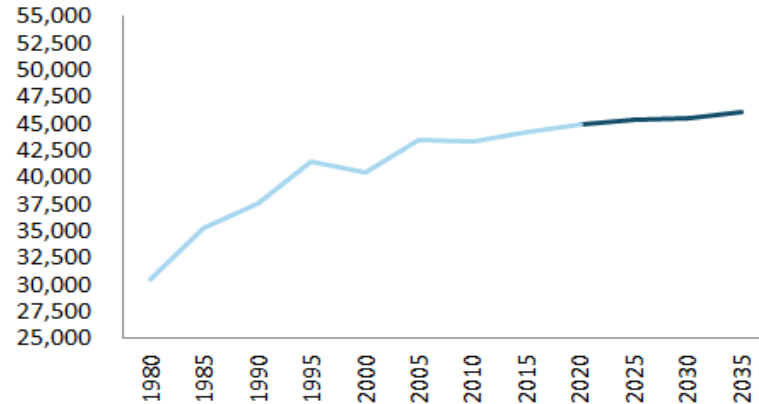
NWT Population Projections

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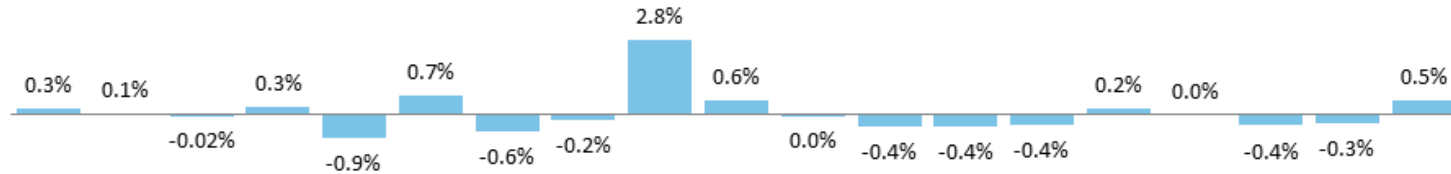
The NWT's population is expected to grow by only 0.2% per annum between 2020 and 2035 much less the annual growth rate of 1% since 1980.

Seniors will continue to be the fastest growing age group at 2.8% - four times the next highest, youth 15 to 24 (0.7%).

Yellowknife is expected to have the highest growth rate with a net loss of people expected in the smaller communities.



Projected Annual Growth Rates - 2020 to 2035



Female	Male	Indigenous	Non-Indigenous	Under 15	15 to 24	24 to 44	45 to 59	60 & Up	Yellowknife	Regional Centres	Smaller Communities	Beaufort-Delta	Deh Cho	Fort Smith	Hay River	Sahtu	Tłı̄chǫ	Yellowknife
Sex		Ethnicity		Age				Community Type			Region							

Note: Projections are based on 2016 population estimates and are subject to future revisions.

Socioeconomics

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- There are a number of important socioeconomic factors influencing the health status of a population including: education, unemployment, poverty, housing, crime and violence.
- Education is central not only to success in the labour force in terms of achieving both meaningful and well-paying employment but it also plays a role in influencing healthy lifestyle choices.
- Housing conditions are key to health. Crowding and other housing issues can lead to physical and mental health issues.
- Poverty negatively affects health in a number of ways including increased stress of not being able to make ends meet and difficulties in accessing good quality food and shelter.
- Crime – especially violent crime – plays a negative role in the health of communities and their residents. Communities with high crime rates make residents feel unsafe and stressed leading to negative mental and physical health outcomes. Violence can result in significant injury as well as mental health issues by those who are victims of it, including depression and post-traumatic stress disorder.

Educational Attainment – High School Diploma or Higher

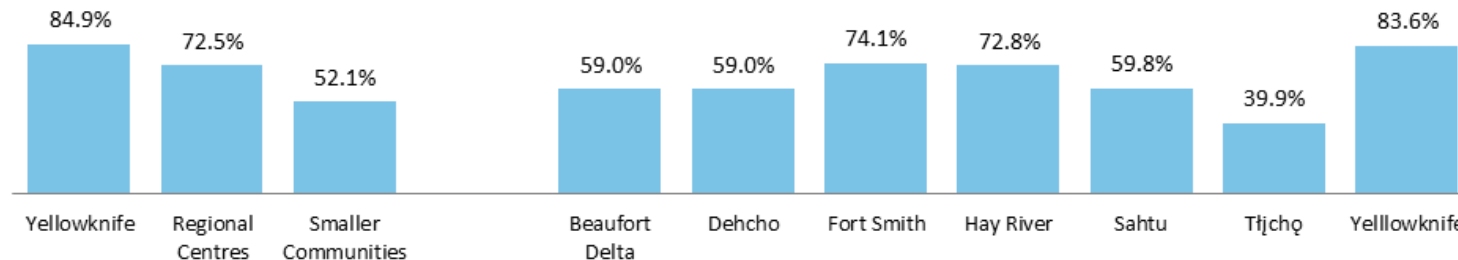
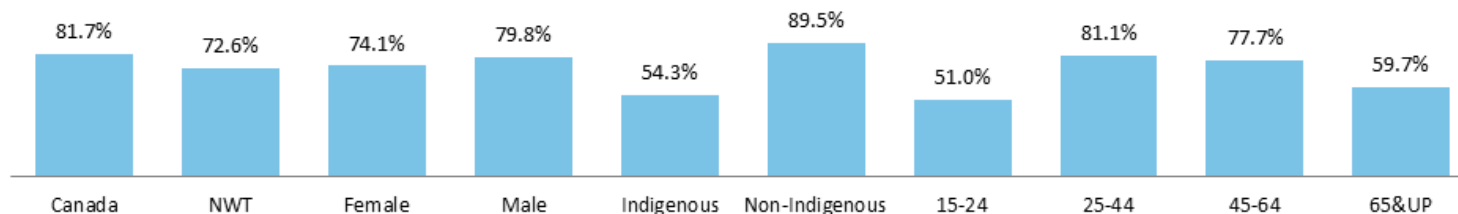
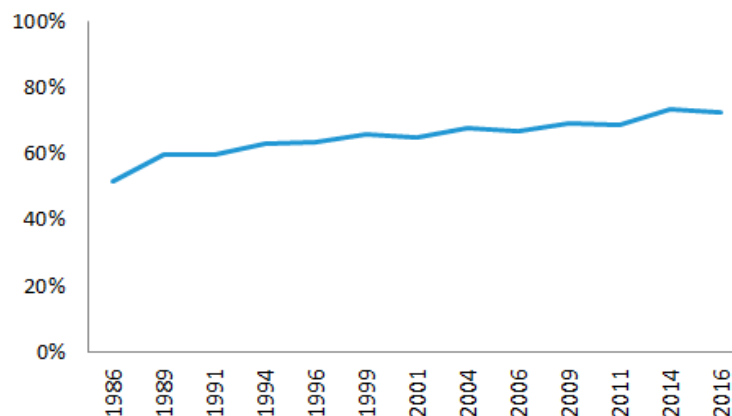
REPORT UPDATED ON FEBRUARY 21, 2022

NWT education levels have been improving over the last 30 years with the proportion of the population with a high school diploma or higher increasing from 51.6% to 72.6% but remain lower than the national average.

NWT education levels are much lower for Indigenous residents compared to Non-Indigenous.

Smaller communities have the lowest educational attainment rates, averaging 52% with high school diploma or more.

Tłı̄chǫ communities have the lowest educational attainment rates, averaging 40% with high school diploma or more - less than half of Yellowknife's rate.



Notes: Numbers are for 2016 (Census) and age 15 and over unless otherwise stated.

Unemployment

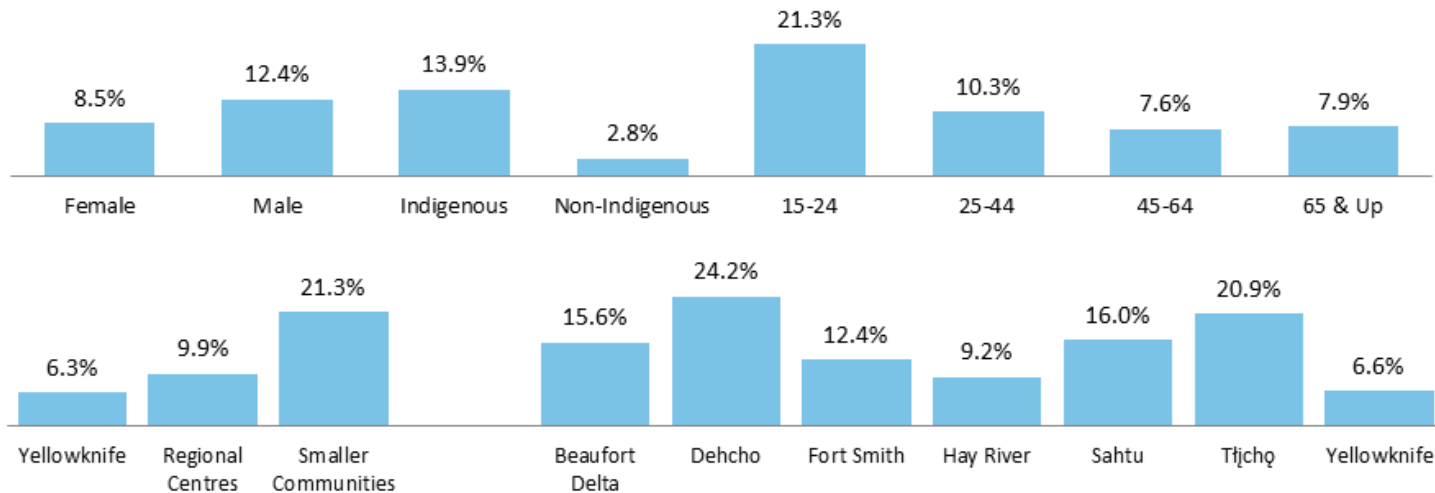
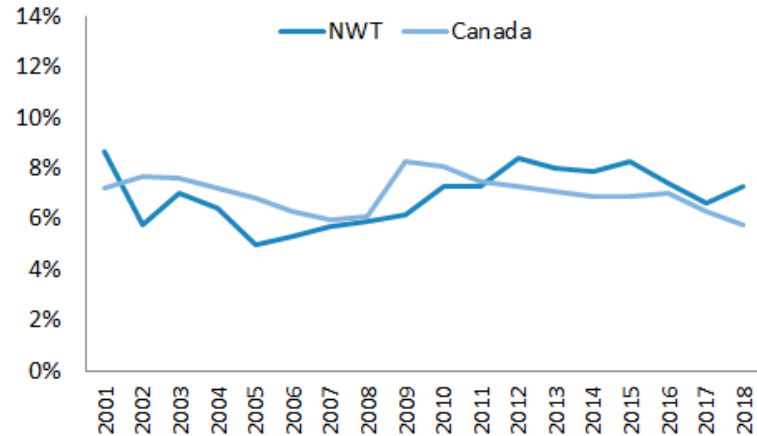
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The NWT's unemployment rate has historically been close to that of national average.

Within the NWT, the unemployment rate is higher amongst the male, youth and Indigenous populations.

Smaller communities, generally with fewer employment opportunities, have higher unemployment rates than larger centres.

The Dehcho, followed by the Tłı̨chǫ has the highest unemployment rate. Yellowknife and Hay River have the lowest.



Notes: Numbers are for 2016 and age 15 and over unless otherwise stated.

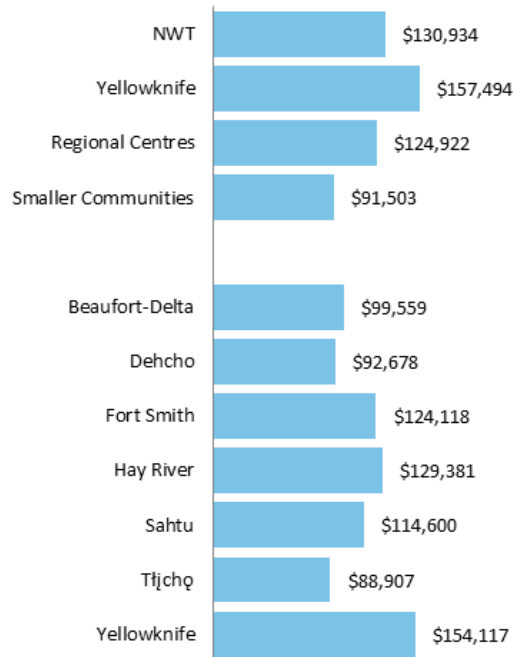
Income

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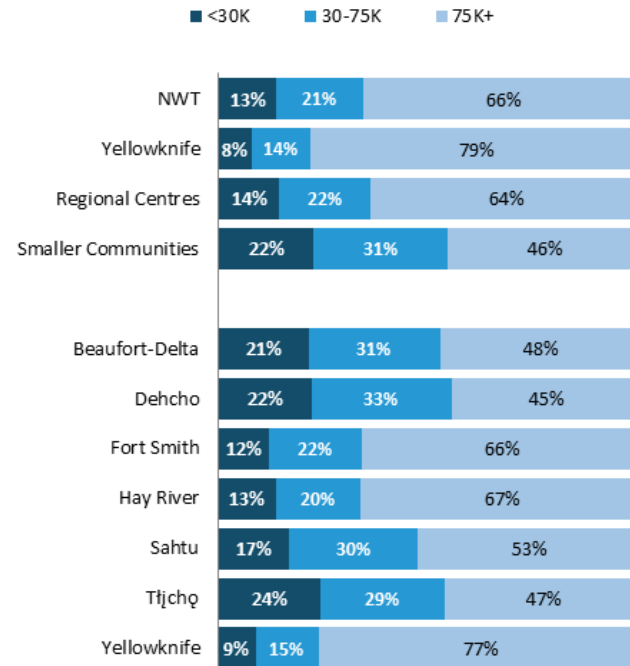
Yellowknife has the highest average family income, the highest proportion of families earning \$75,000 or more and the fewest families earning less than \$30,000. In contrast, smaller communities have the lowest average family income and the lowest proportion of families earning \$75,000 or more and the greatest earning less than \$30,000.

The Tłı̄chǫ and the Dehcho regions have the lowest average family incomes and they have the smallest proportion of families earning \$75,000 or more.

Average Family Income



Distribution of Families by Average Income



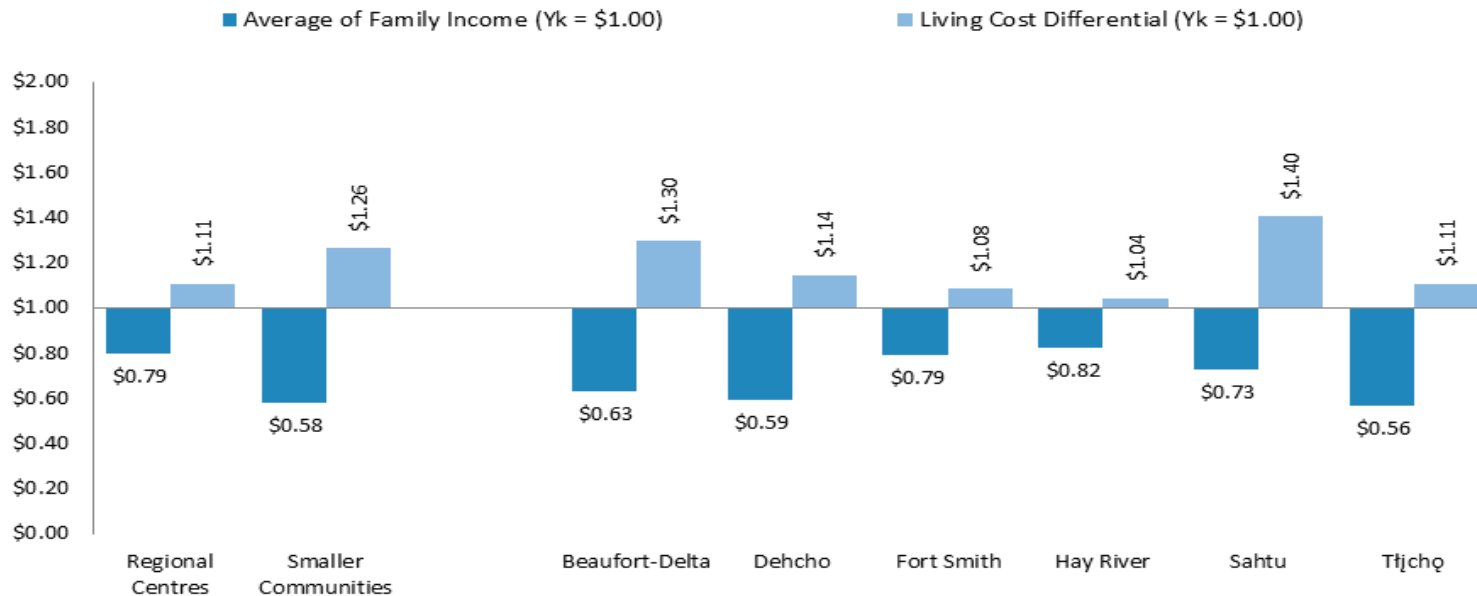
Notes: Numbers are for 2016.

Income and Cost of Living

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In order to examine the relationship between income and the cost of living within the NWT, Yellowknife has been used as a base for average family income and the overall cost of living as measured by the federal isolated post living cost differential.

Income and Cost of Living Variance from Yellowknife



Families in the smaller communities and regional centres earned on average 58 and 79 cents, respectively, for every dollar a Yellowknife family earned. In contrast, residents of smaller communities and regional centres were expected to spend \$1.26 and \$1.11 on living expenses compared to every \$1.00 a Yellowknife resident spent.

Notes: Average family income is for 2016; federal isolated post living cost differentials are for 2018 and have been adjusted to look at the difference between Yellowknife and the rest of the NWT. Living cost differentials are weighted by population where community figures exist to derive regional averages.

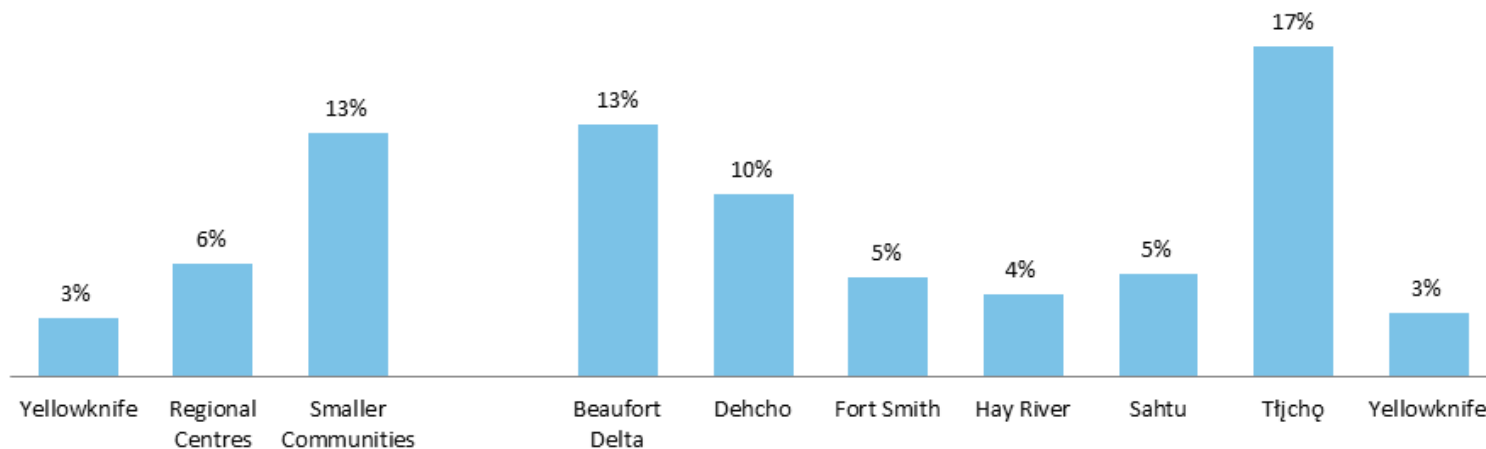
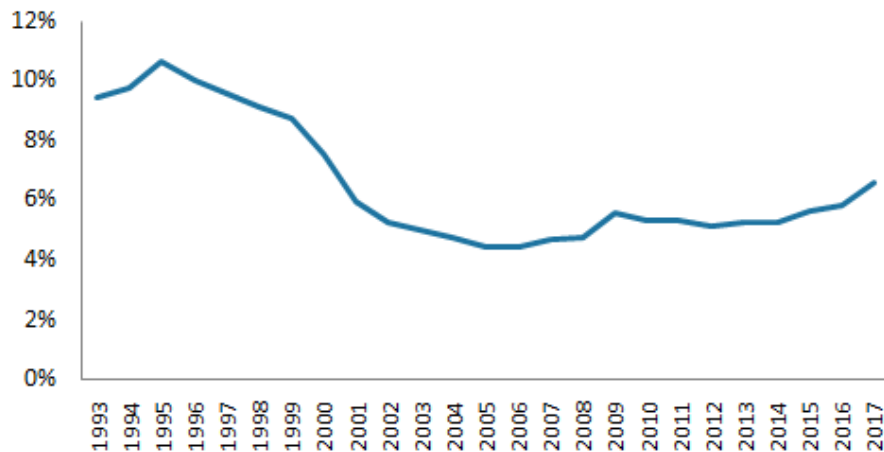
Income Assistance

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The proportion of the NWT population on income assistance has dropped since the 1990s but has increased somewhat in recent years.

Communities outside of Yellowknife and the regional centres have a much higher proportion of the population on assistance.

The Tłı̄chǫ had the highest regional rate of income assistance, followed by the Beaufort-Delta.



Notes: Numbers are for 2017 unless otherwise stated.

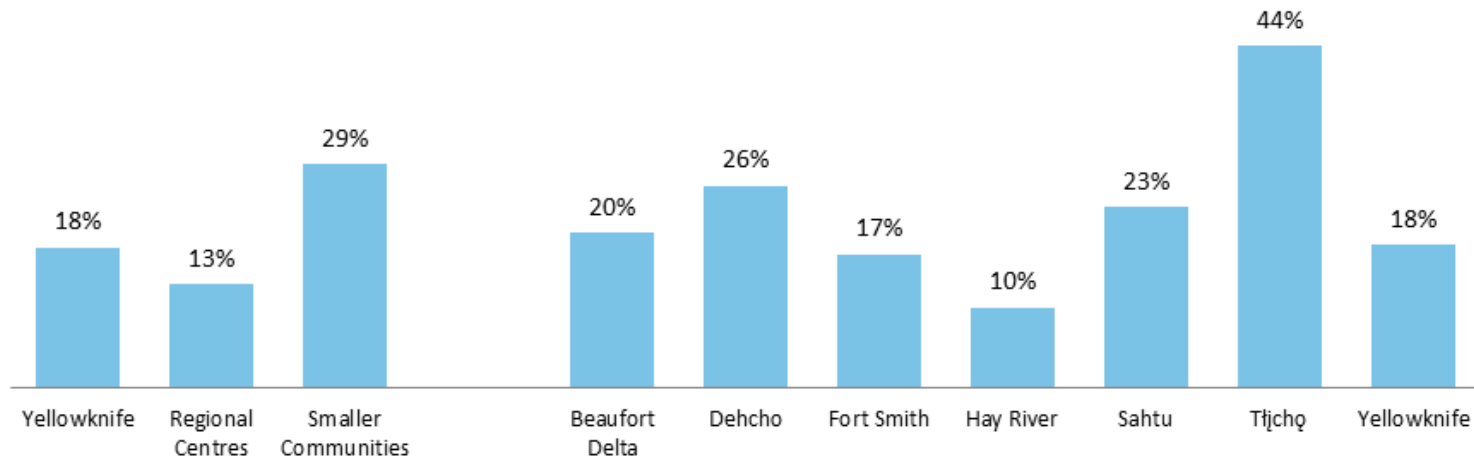
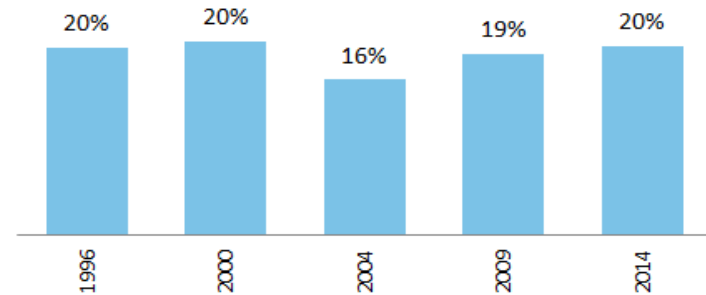
Housing – Proportion of Households in Core Need

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The proportion of NWT households considered to be in the core need has remained steady since the 1990s.

Smaller communities have the highest proportion of households in core need.

The Tłı̄chǫ has the highest proportion of households in core need, followed by the Dehcho and the Sahtu.



Notes: Numbers are for 2014 unless otherwise stated.

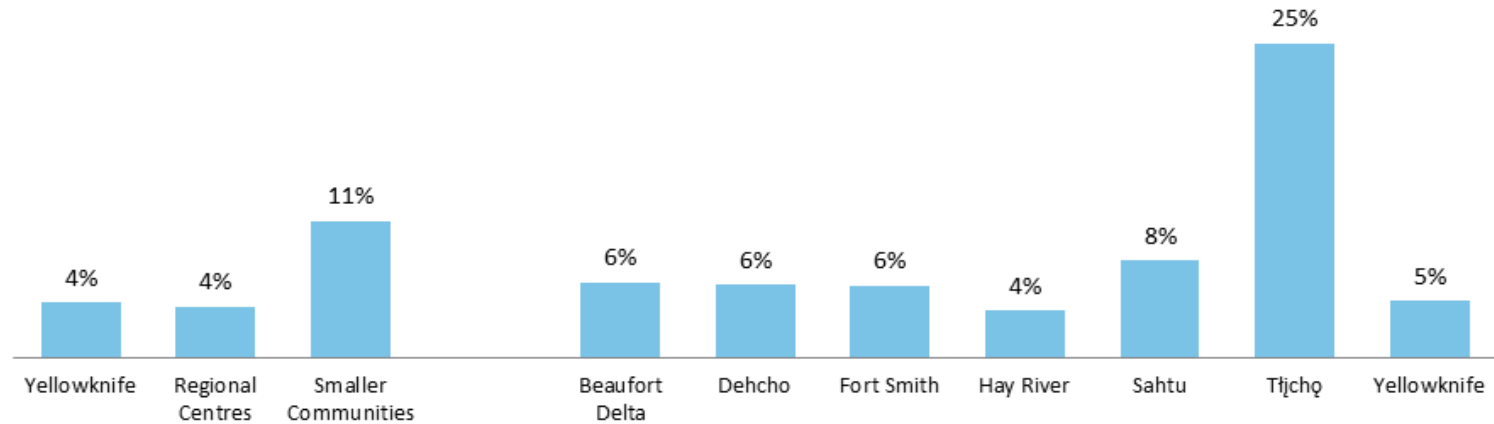
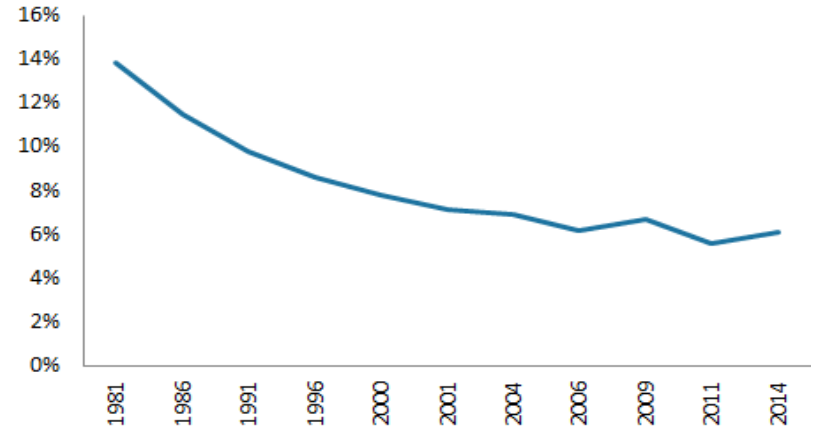
Housing – Overcrowding

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The proportion of NWT households with six or more persons is half of what it was in the early 1980s.

Communities outside of Yellowknife and the Regional Centres have twice the proportion of households with six or more persons.

The Tłı̄chǫ had the highest proportion of households with the potential for overcrowding in the NWT.



Notes: Numbers are for 2014 unless otherwise stated.

Crime Rates

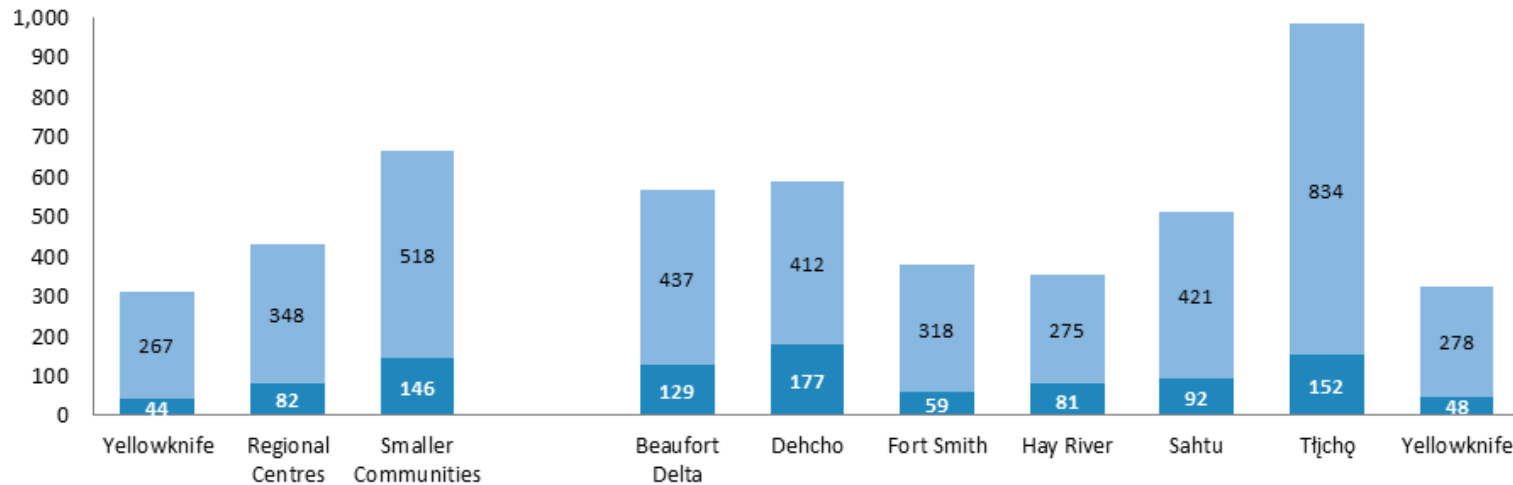
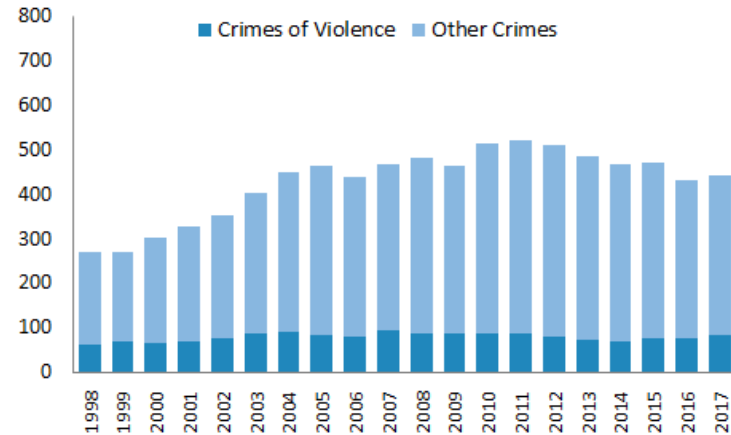
TD 557-19(2) TABLED ON FEBRUARY 21, 2022

The NWT has an overall crime rate, and a violent crime rate, over seven times the national average.

The NWT crime rate has increased from the late 1990s to the early part of this decade. Most of this increase came from other crimes (e.g., disturbing the peace and motor vehicle violations).

The overall crime rate and the rate for violent crimes are the highest in the smaller communities.

The Tłı̄chǫ had the highest overall rate of crime, but was behind the Dehcho for violent crime.



Notes: Rates are for the number of violations per 1,000 and are for 2017 unless otherwise stated.

Family Violence – Shelter Admissions

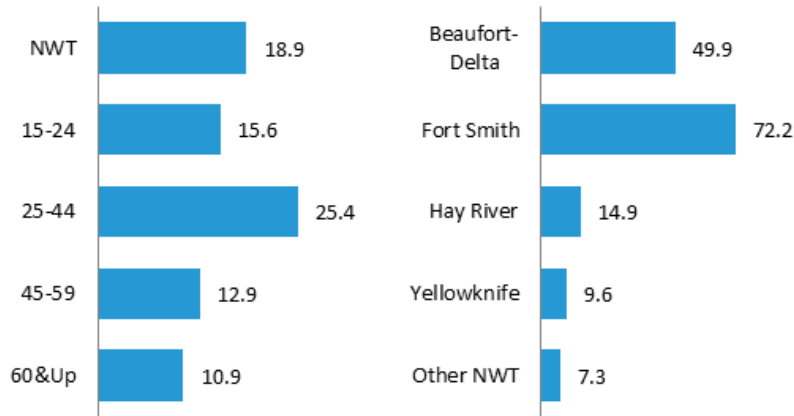
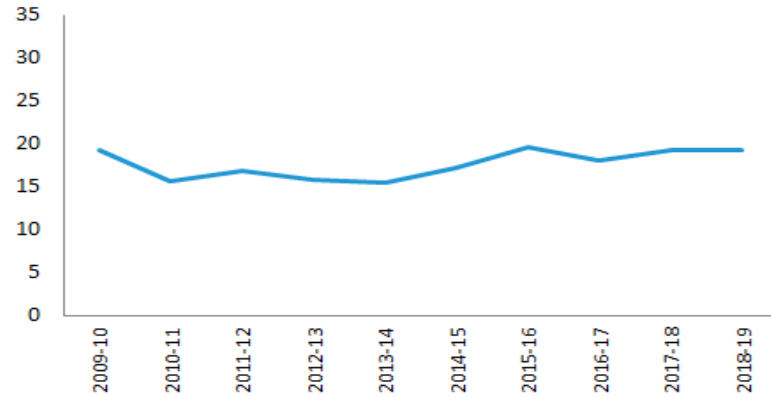
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While admissions to family violence shelters have remained steady fluctuating between 16 and 20 women per 1,000 over the last 10 years - NWT women are victims of interpersonal violence at almost 10 times the national rate (2017).

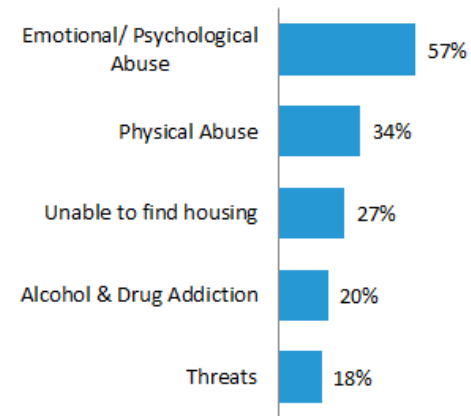
Over 98% of women admitted were Indigenous in the last three years. The highest rate were for women age 25 to 44 years.

Shelter usage was highest amongst women from Fort Smith and the Beaufort-Delta (Inuvik and Tuktoyaktuk).

Over half of the women admitted reported that they were suffering from emotional/psychological abuse and a third reported physical abuse.



Top Five Reasons for Admission



Notes: Rates are for the number of admission per 1,000 and are for 2016-17 to 2018-19 unless otherwise stated. Women can have more than one reason for admission.

- There are number of behaviours and that can lead to poor outcomes, including: obesity, inactivity, poor diet, tobacco use and heavy drinking.
- Obesity creates risk factors for a number of diseases including cardiovascular diseases, osteoarthritis, mental health issues (e.g. depression) and diabetes.
- Lack of physical activity and poor food choices play a large part in obesity as do genetics, mental health and socioeconomic factors.
- Tobacco use is linked to a whole host of health problems including lung cancer, chronic obstructive pulmonary disease, heart disease and stroke.
- Heavy drinking is also linked to, or a plays a factor in, a number of health and social issues including heart disease, stroke, liver disease and stomach issues, injuries, addiction, crime and violence.

Obesity, Activity and Nutrition

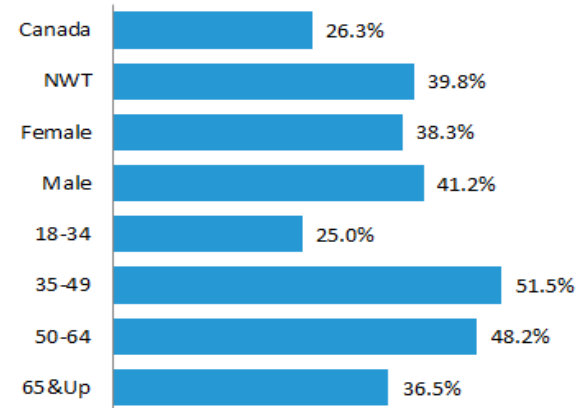
ID 557-19(2) TABLED ON FEBRUARY 21, 2022

The NWT scores poorly in relation to the national average with a higher proportion of the population considered to be obese and a lower proportion of population eating five or more servings of fruit/vegetables per day. There is no meaningful difference between the NWT and Canada in terms of physical activity levels.

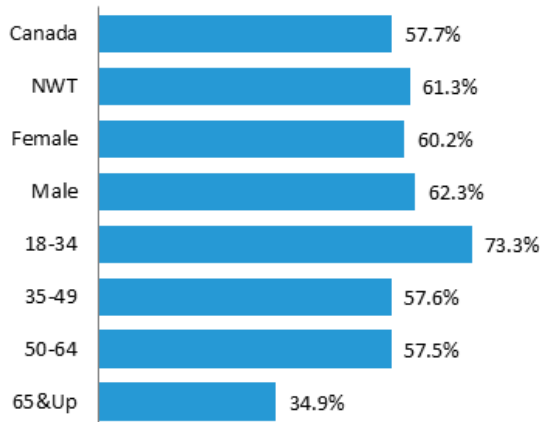
There are no significant differences between genders for these three measures.

Those age 18 to 34 years are more likely to exercise 150 minutes per week, compared to those 35 years and over.

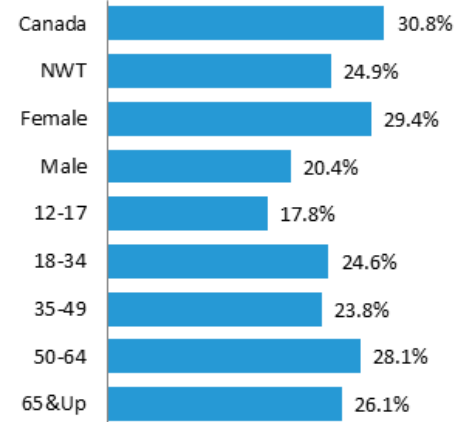
Obesity



Physical Activity - 150+ Minutes per week



Fruit/Vegetables - 5+ servings a day



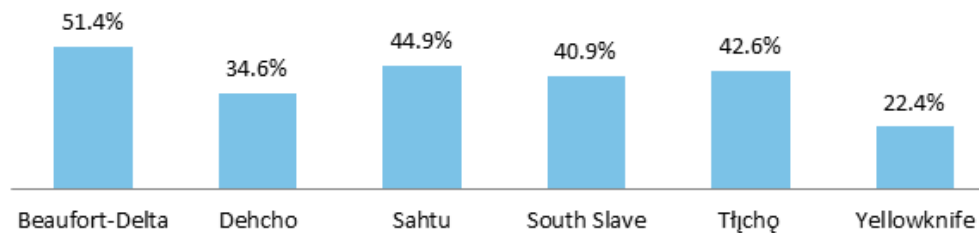
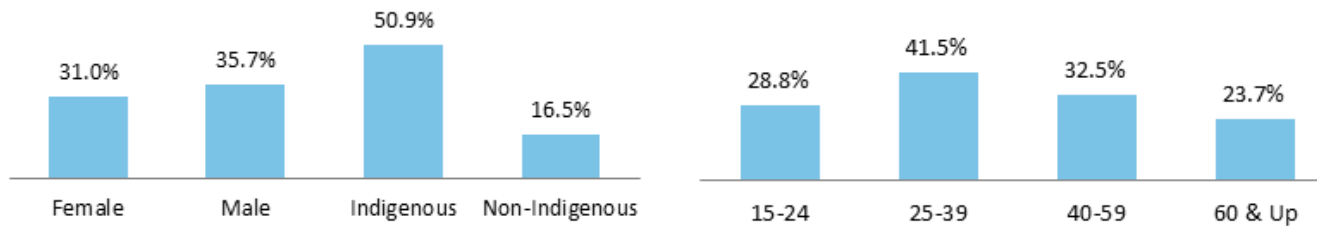
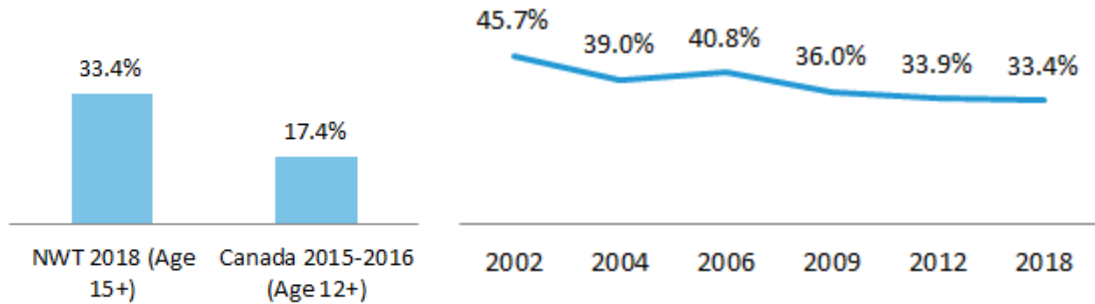
Notes: The Canadian Community Health Survey results are for the two-year period 2015/2016.

Current Smokers – Proportion of the Population

The NWT rate of current smokers has declined since 2002, but remains higher than the national rate.

Indigenous have a higher rate than non-Indigenous.

Adults, 25-39 years of age, have the highest rate. Beaufort-Delta, Sahtu and Tl̨ich̨o have higher rates.



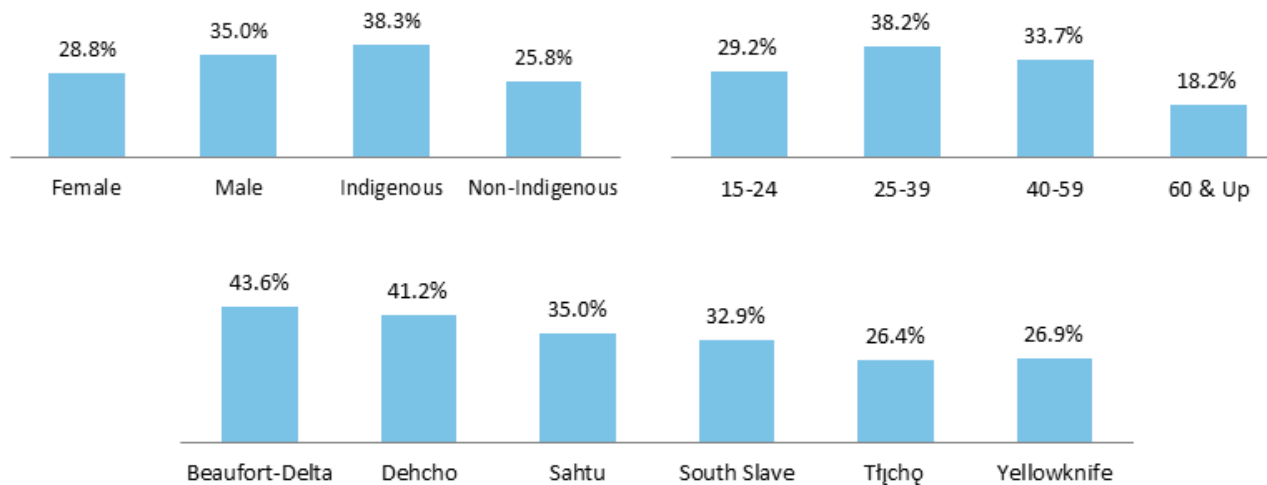
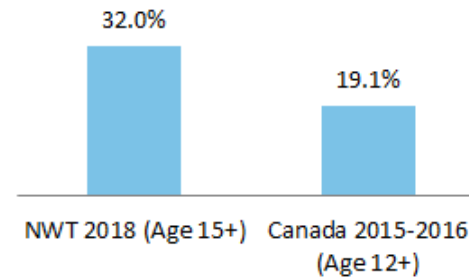
Notes: Results are for 2018 otherwise stated. Current smokers include those who smoke daily or occasionally. South Slave includes Hay River, Fort Smith, Lutselk'e and Fort Resolution.

Proportion of Population Heavy Drinking

The NWT has a higher rate of heavy drinking than Canada.

Indigenous have a higher rate than non-Indigenous.

Beaufort-Delta and the Dehcho have the highest rates of heavy drinking.



Notes: Results are for 2018 otherwise stated. Heavy drinking is consuming five or more drinks (men), or four or more drinks (women), on one occasion at least once per month. South Slave includes Hay River, Fort Smith, Lutselk'e and Fort Resolution. Proportions are based on the population heavy drinking (Age 15+) divided by the entire population (Age 15+ current and non-current drinkers).

MENTAL HEALTH AND ADDICTIONS



Self Reported Mental Health and Well-being

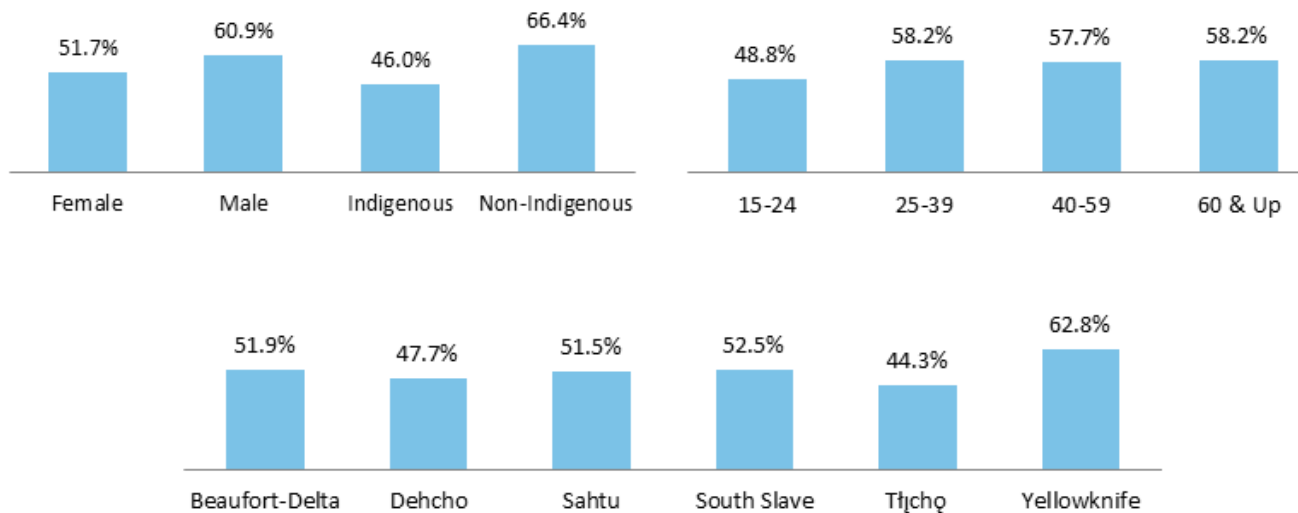
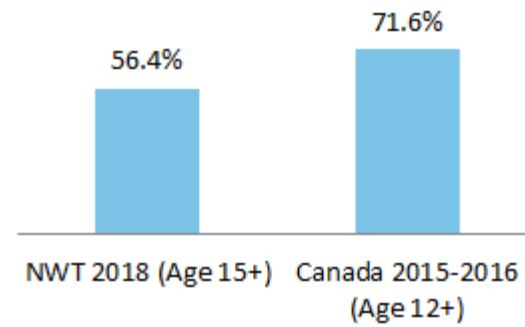
- Self-reported mental health is an important measure of the overall health of a population.
- A number of factors can contribute to the mental health of a population including social connectivity to others and the wider community, the amount of stress dealt with on a daily basis as well as one's feeling of satisfaction with life.
- These factors and overall mental health status are in turn determined by a number of factors including: socioeconomic status, family cohesion/health, community health/well-being, legacy of trauma resulting from residential schools and colonialism, and the accessibility of appropriate services.
- Poor mental health status can lead to a number of negative health outcomes including substance abuse, hospitalization, self-injury and suicide.

Population Rating Mental Health as Excellent or Very Good

The NWT has a lower proportion of the population who rate their mental health status as being excellent or very good.

Indigenous have a lower rate compared to non-Indigenous.

Tłı̨chō and Dehcho have the lowest proportions rating mental health as excellent or very good.



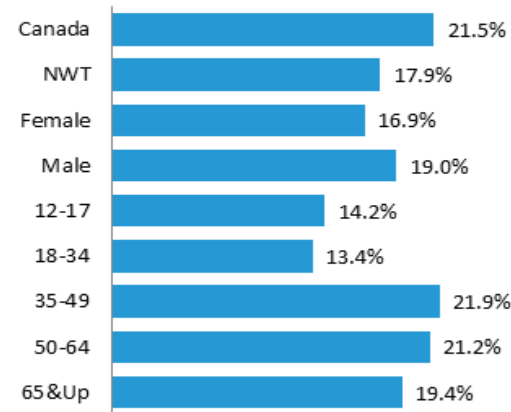
Notes: Results are for 2018 unless stated otherwise. South Slave includes Hay River, Fort Smith, Lutselk'e and Fort Resolution. While still lower than the national average, the NWT scored higher on the 2015-2016 Canadian Community Health Survey (CCHS) with 66.4% rating their general health as excellent or very good.

Life Stress, Life Satisfaction and Sense of Community Belonging

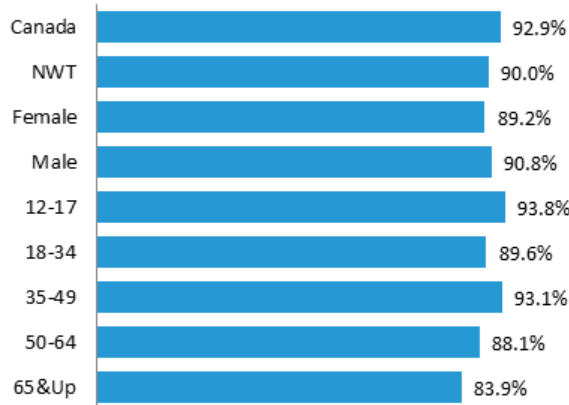
The NWT scores well in relation to the national average with a smaller proportion of the population rating life, on most days, as being quite a bit or extremely stressful and a higher proportion of population reporting a very strong or somewhat strong sense of community belonging. There is no meaningful difference between the NWT and Canada on those reporting to be satisfied or very satisfied with their lives.

There are no significant differences between genders or across age groups for these three measures.

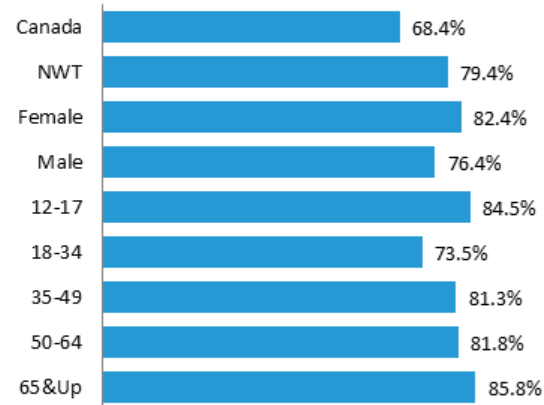
Stress - Quite a bit or Extreme



Life - Satisfied or Very Satisfied



Belonging - Somewhat or Very Strong



Notes: The Canadian Community Health Survey results are for the two-year period 2015/2016.

Mental Health and Substance Use Harm Hospitalizations

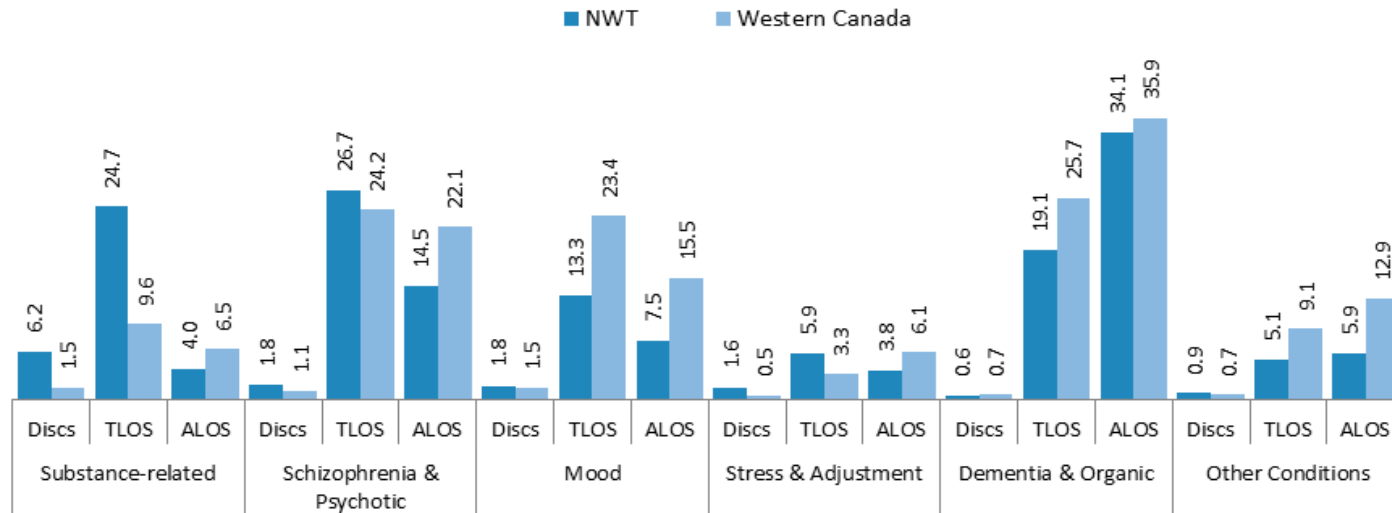
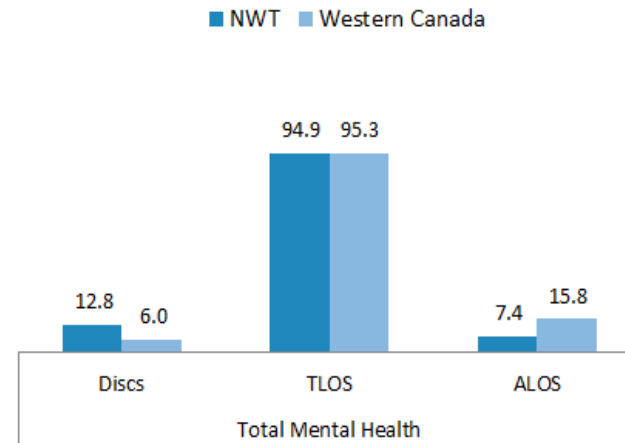
- Mental health hospitalizations represent a small portion of the prevalence of mental health issues affecting a population as a whole.
- Such hospitalizations, while necessary at times, are often preventable through the treatment of issues in other venues (e.g. counselling, outpatient psychiatric services, and addiction treatment programs).
- Substance use harm hospitalizations include not only patients admitted for addiction and acute harm from alcohol and/or drugs but also include those who have accidentally overdosed and those who have health conditions due to the long-term abuse of alcohol (e.g. liver cirrhosis).
- Similar to mental health hospitalizations, substance use harm hospitalizations only represent a fraction of the issues arising from substance abuse in society as a whole.

Mental Health Hospitalizations by Type of Disorder

The NWT has over twice the rate of mental health hospitalizations when compared to Western Canada but almost the same rate of days in hospital for mental health issues.

The main driver of the high rate of mental health hospitalizations are hospitalizations related to substance use (primarily alcohol) at over four times the Western Canadian average.

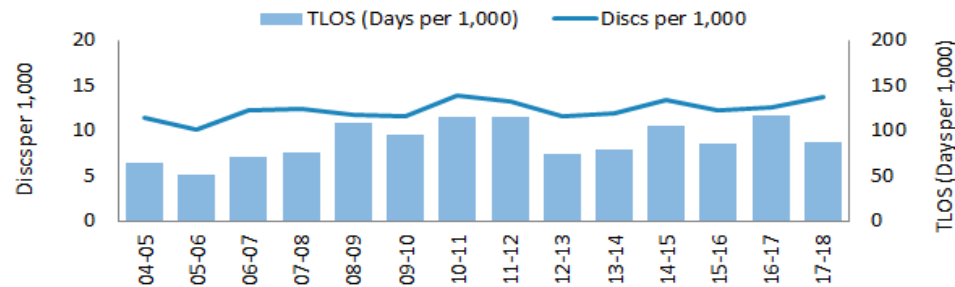
Hospitalizations for schizophrenia related and stress related conditions were also higher than the respective Western Canadian averages.



Notes: Discs = Discharges (Stays per 1,000), TLOS = Total Length of Stay (Days Per 1,000), and ALOS = Average Length of Stay (Days). Rates and ALOS are age-standardized (2013-14 to 2017-18). Western Canada (BC, AB, SK, MB, YK, NWT, & NU). Includes hospitalizations where the primary diagnosis was a mental health issue.

Mental Health Hospitalizations - Historical

TD 5-1-2018 REVISION FEBRUARY 21, 2022



The rate of hospital stays for mental health conditions has increased since the mid 2000s.

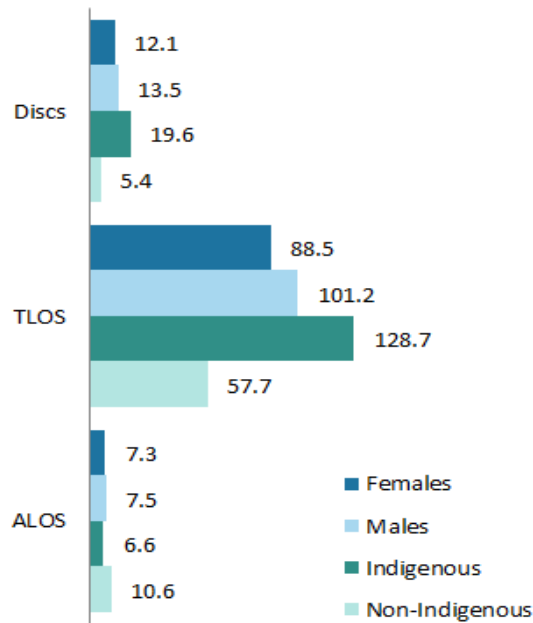
In the last five years the top five sets of conditions have been the same with some minor fluctuation in the rankings between schizophrenia/psychotic disorders, mood disorders and stress and adjustment.

Notes: Discs = Discharges (Stays per 1,000) and TLOS = Total Length of Stay (Days Per 1,000). Rates are age-standardized; proportions are not age-standardized. Includes hospitalizations where the primary diagnosis was a mental health issue.

Rank	2013-14	2014-15	2015-16	2016-17	2017-18
1	Substance Use 49.3%	Substance Use 50.6%	Substance Use 44.2%	Substance Use 45.2%	Substance Use 45.7%
2	Schizophrenia & Psychotic 18.0%	Schizophrenia & Psychotic 14.9%	Mood 16.7%	Schizophrenia & Psychotic 16.6%	Stress and Adjustment 16.0%
3	Mood 14.0%	Mood 14.8%	Schizophrenia & Psychotic 16.5%	Stress and Adjustment 15.9%	Mood 15.5%
4	Stress and Adjustment 8.3%	Stress and Adjustment 11.5%	Stress and Adjustment 13.1%	Mood 13.3%	Schizophrenia & Psychotic 11.9%
5	Anxiety 3.4%	Anxiety 4.3%	Anxiety 4.3%	Anxiety 3.3%	Anxiety 4.4%
Other	6.8%	3.9%	5.2%	5.5%	6.4%

Mental Health Hospitalizations by Sex and Ethnicity

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Rank	Female	Male	Indigenous	Non-Indigenous
1	Substance Use 40.1%	Substance Use 53.0%	Substance Use 51.5%	Substance Use 30.4%
2	Mood 19.8%	Schizophrenia & Psychotic 19.1%	Schizophrenia & Psychotic 16.4%	Mood 22.6%
3	Stress and Adjustment 17.1%	Mood 10.6%	Stress and Adjustment 12.6%	Stress and Adjustment 14.6%
4	Schizophrenia & Psychotic 11.4%	Stress and Adjustment 9.6%	Mood 12.6%	Schizophrenia & Psychotic 12.7%
5	Anxiety 5.0%	Anxiety 3.0%	Anxiety 2.8%	Anxiety 8.3%
Other	6.7%	4.6%	4.1%	11.5%

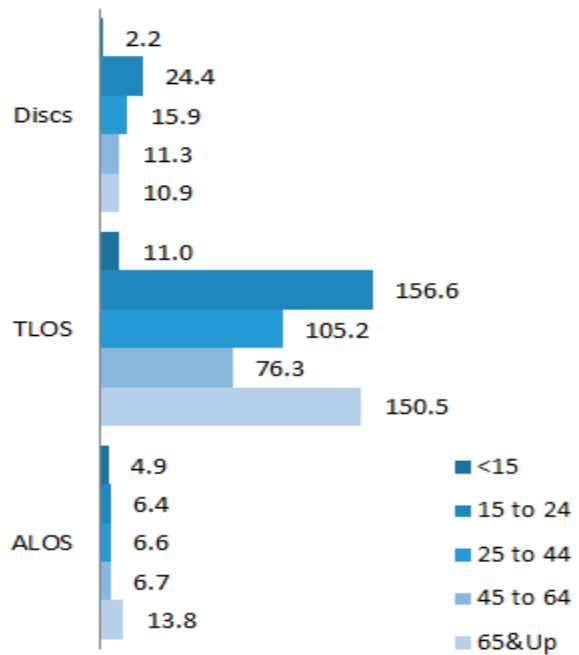
The rate of hospitalizations for males is somewhat higher than it is for females. While substance abuse disorders figure prominently for both sexes, they are more prominent as a reason for mental health hospitalizations for males. Mood disorders and stress and adjustment disorders also figure prominently for women, as do schizophrenia and psychotic disorders for males.

Indigenous residents have a hospitalization rate three times higher than non-Indigenous residents though they have a lower average length of stay. Substance use disorder hospitalizations tend to involve shorter stays and such hospitalizations make up over half of mental health hospitalizations for Indigenous residents versus non-Indigenous residents.

Notes: Discs = Discharges (Stays per 1,000), TLOS = Total Length of Stay (Days Per 1,000) and ALOS = Average Length of Stay (Days). Rates are age-standardized (2013-14 to 2017-18); proportions are not age-standardized. Includes hospitalizations where the primary diagnosis was a mental health issue.

Mental Health Hospitalizations by Age Group

DATA SOURCE: AHCN FEBRUARY 21, 2022



Rank	<15	15 to 24	25 to 44	45 to 64	65&Up
1	Stress and Adjustment 30.7%	Substance Use 30.4%	Substance Use 48.1%	Substance Use 65.9%	Substance Use 57.3%
2	Substance Use 20.8%	Mood 21.5%	Schizophrenia & Psychotic 22.1%	Mood 10.7%	Dementia & Organic 28.0%
3	Mood 20.8%	Stress and Adjustment 19.7%	Mood 14.0%	Stress and Adjustment 8.6%	Schizophrenia & Psychotic 4.9%
4	Anxiety 8.9%	Schizophrenia & Psychotic 17.8%	Stress and Adjustment 11.1%	Schizophrenia & Psychotic 6.7%	Anxiety 4.3%
5	Personality 2.0%	Anxiety 5.5%	Anxiety 2.7%	Anxiety 3.4%	Stress and Adjustment 2.4%
Other	16.8%	5.1%	2.0%	4.6%	3.0%

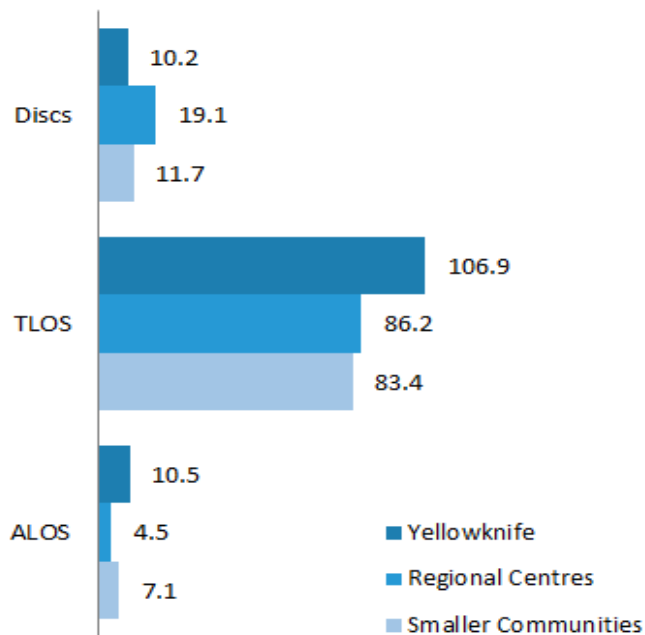
The rate of hospitalizations for youth age 15 to 24.

Substance use related disorders were the disproportionately the cause for largest proportions of hospitalizations amongst older adults and seniors.

Notes: Discs = Discharges (Stays per 1,000), TLOS = Total Length of Stay (Days Per 1,000) and ALOS = Average Length of Stay (Days). Rates and proportions are for 2013-14 to 2017-18. Includes hospitalizations where the primary diagnosis was a mental health issue.

Mental Health Hospitalizations by Community Type

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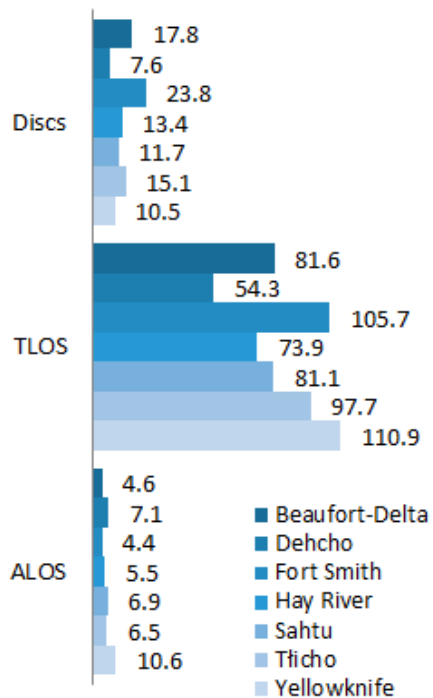
Rank	Yellowknife	Regional Centres	Smaller Communities
1	Substance Use 39.3%	Substance Use 55.7%	Substance Use 46.7%
2	Schizophrenia & Psychotic 17.0%	Mood 14.6%	Schizophrenia & Psychotic 16.4%
3	Mood 16.4%	Schizophrenia & Psychotic 13.3%	Stress and Adjustment 15.6%
4	Stress and Adjustment 15.3%	Stress and Adjustment 8.8%	Mood 13.1%
5	Anxiety 4.9%	Anxiety 3.7%	Anxiety 3.0%
Other	7.2%	4.0%	5.3%

The regional centres had the highest hospitalization rate with over half of the stays due to substance use.

Notes: Discs = Discharges (Stays per 1,000), TLOS = Total Length of Stay (Days Per 1,000) and ALOS = Average Length of Stay (Days). Rates are age-standardized (2013-14 to 2017-18); proportions are not age-standardized. Includes hospitalizations where the primary diagnosis was a mental health issue.

Mental Health Hospitalizations by Region

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Rank	Beaufort-Delta	Dehcho	Fort Smith	Hay River	Sahtu	Tl'cho	Yellowknife
1	Substance Use 47.8%	Substance Use 44.4%	Substance Use 53.0%	Substance Use 54.1%	Substance Use 53.0%	Substance Use 58.2%	Substance Use 40.7%
2	Mood 17.3%	Stress and Adjustment 19.7%	Mood 19.6%	Schizophrenia & Psychotic 17.0%	Stress and Adjustment 18.8%	Schizophrenia & Psychotic 16.3%	Schizophrenia & Psychotic 17.1%
3	Schizophrenia & Psychotic 16.1%	Mood 16.2%	Schizophrenia & Psychotic 11.7%	Stress and Adjustment 8.8%	Mood 12.1%	Stress and Adjustment 12.5%	Mood 15.5%
4	Stress and Adjustment 11.7%	Schizophrenia & Psychotic 13.7%	Stress and Adjustment 8.5%	Mood 8.5%	Schizophrenia & Psychotic 7.4%	Mood 7.2%	Stress and Adjustment 14.8%
5	Anxiety 2.7%	Anxiety 2.6%	Anxiety 4.7%	Anxiety 4.6%	Dementia & Organic 4.0%	Dementia & Organic 2.9%	Anxiety 4.9%
Other	4.4%	3.4%	2.5%	7.1%	4.7%	2.9%	7.1%

Fort Smith, followed by the Beaufort-Delta, had the highest hospitalization rates. Substance use and mood disorders (e.g. depression) were the top two reasons for mental health hospitalizations in these

Notes: Discs = Discharges (Stays per 1,000), TLOS = Total Length of Stay (Days Per 1,000) and ALOS = Average Length of Stay (Days). Rates are age-standardized (2013-14 to 2017-18); proportions are not age-standardized. Includes hospitalizations where the primary diagnosis was a mental health issue.

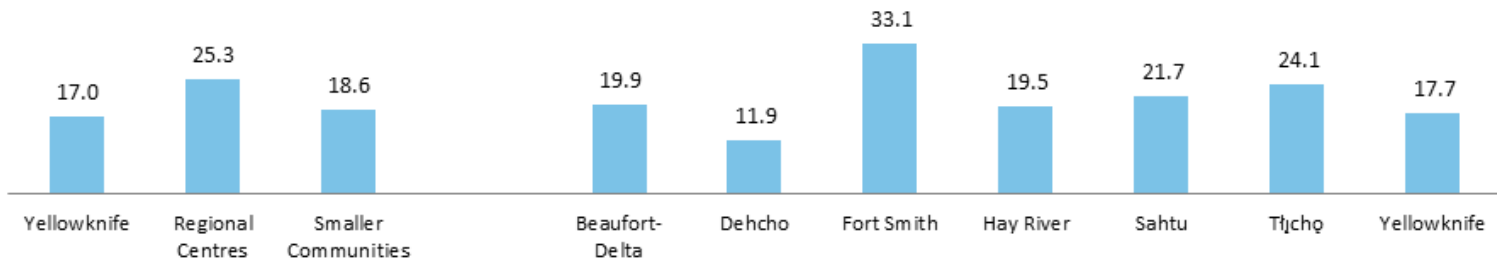
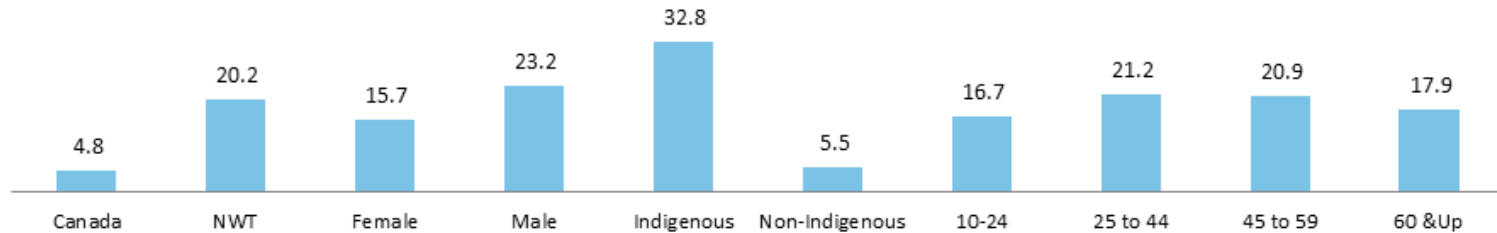
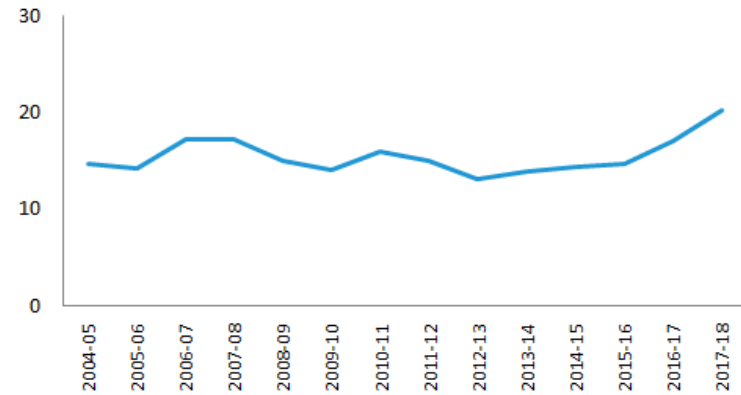
Hospitalizations due to Substance Use Harm

The NWT has a rate over four times high than the national rate - 20.2 versus 4.8 per 1,000.

Historically, the NWT rate has been relatively stable but has increased in recent years. The majority of substance harm hospitalizations involved alcohol - 85.8% versus 53% nationally.

Indigenous had a rate over five times higher than non-Indigenous.

Regional Centres were highest by community type and the Dehcho and the Tłı̨chq had the highest regional rates.



Note: Rates are age-standardized, per 1,000 (Age 10 & Up) for the fiscal year 2017-18 unless otherwise stated. Multiple substances and other issues are often involved such as mental health issues and injuries.

Self Injury and Suicide

TD 557-19(2) TABLED ON FEBRUARY 21, 2022

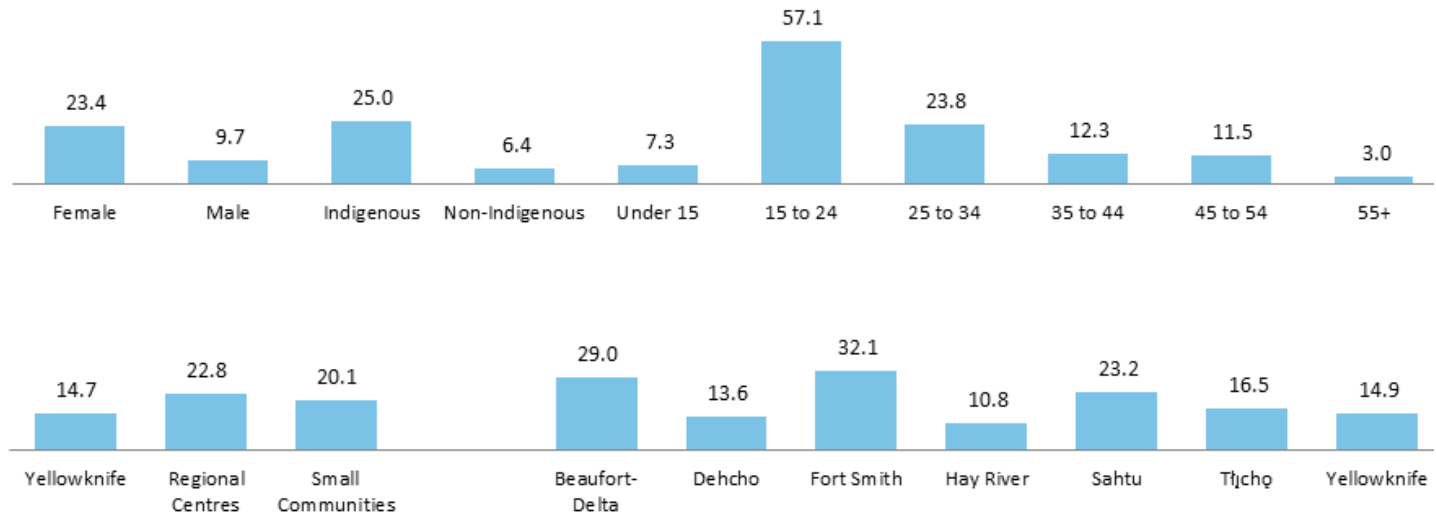
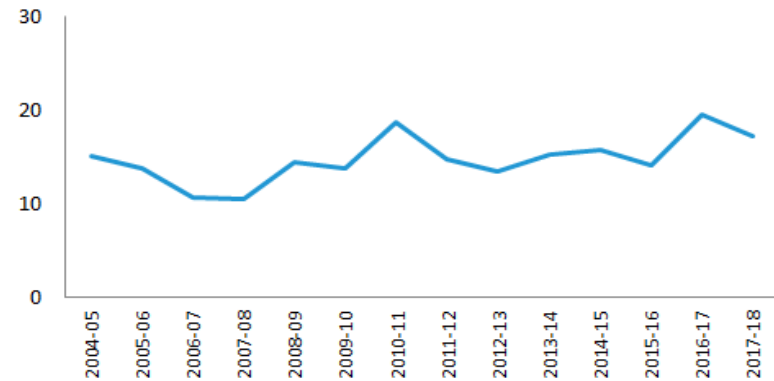
- Self-injury and suicide represent two the most serious outcomes of mental illness.
- Self-inflicted injuries can represent attempts at suicide but can also be non-suicidal. In the latter case, these injuries are coping mechanisms where the person is attempting to deal with emotional issues. Often only the most serious self-injuries result in hospitalization.
- Suicide is a significant issue for northern communities. Northern Canada in general, and the NWT in particular, have high suicide rates compared to the national average.

Hospitalized for a Self-Injury 5/19(2) TABLED ON FEBRUARY 21, 2022

The rate of the NWT population hospitalized at least once per year has fluctuated between 10 and 20 per 10,000 over the last 14 years. In terms of total hospitalizations, the NWT rate is over three times the national average.

Within the NWT, the highest rates of hospitalization are found amongst females, the Indigenous and the youth.

Communities outside of Yellowknife have higher rates, and for the regions, Fort Smith and Beaufort-Delta regions have the highest rates.



Note: Rates are per 10,000 for fiscal years 2013-14 to 2017-18 unless otherwise stated. Rates are age-standardized for historical trends, sex and ethnicity.

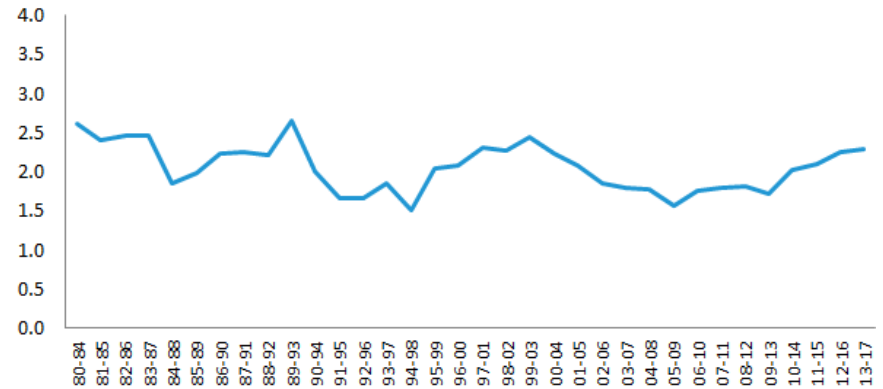
Suicide

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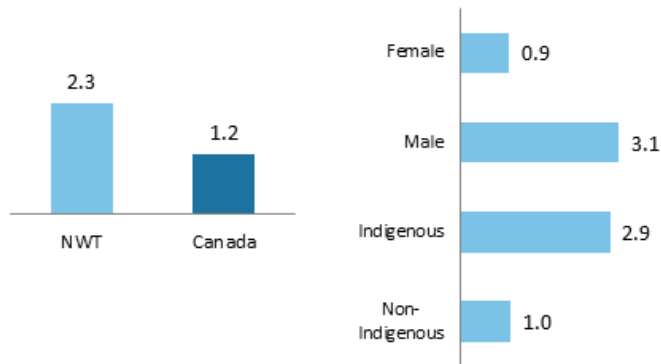
NWT rates have remained steady over the last 35 years - fluctuating between 1.5 and 2.6 deaths per 10,000.

Rates are highest amongst males, Indigenous residents and those age 20 to 29 years.

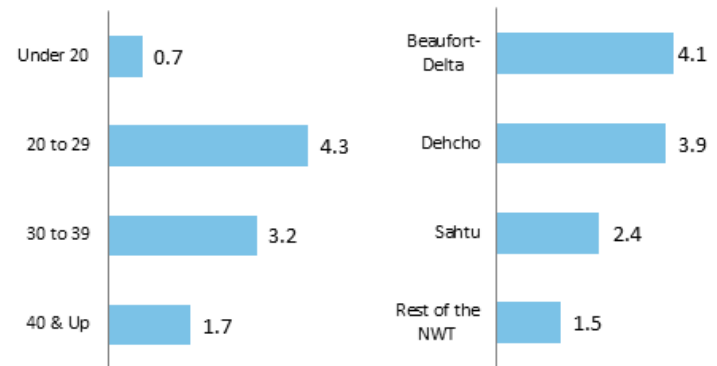
The Beaufort-Delta and Dehcho regions had the highest rates.



2013-2017



2008 to 2017



Note: NWT historical and Canadian (2015) rates are age-standardized - deaths per 10,000. Sub-NWT results (2008 to 2017) are crude rates (deaths per 10,000); and ethnicity breakdowns are estimated.

MORBIDITY



Self-Rated Health, Disability, and Top 5 Hospitalizations

- Self-rated health is considered a good measure of the overall health of a population. Studies have shown that it is a good predictor of the actual burden of disease in any given population.
- Disability rates are expected to increase with the aging of the population. People with some disabilities may find it more difficult to control their weight and be physically active – both which can lead to other health issues. People with disabilities may have more difficulty accessing health care services.
- Looking at the reasons for hospitalization not only reveals what the major health issues are in given population, but also shows the nature of some of the biggest resource burdens on the overall health system.

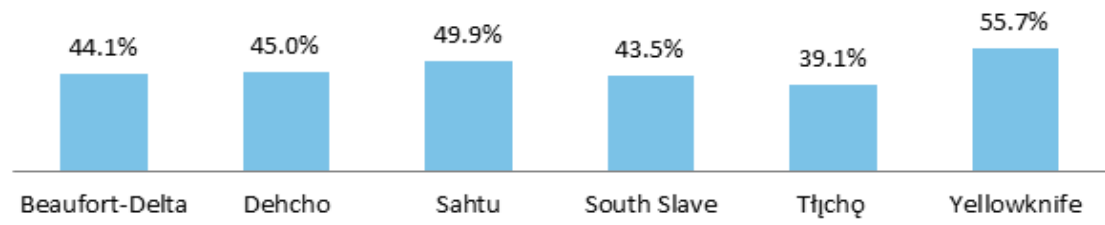
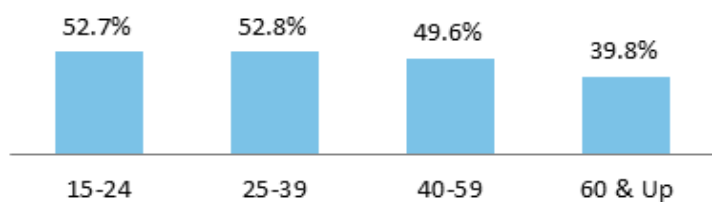
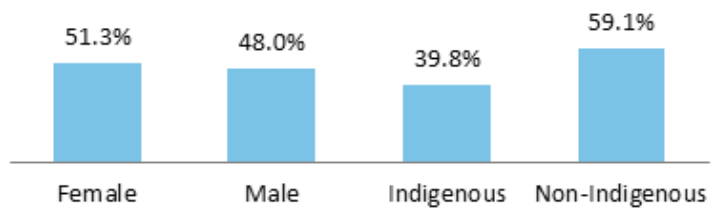
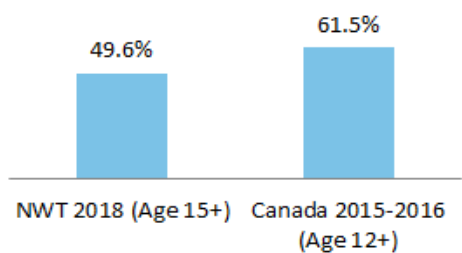
Population Rating General Health as Excellent or Very Good

TABLE 9.0 FEBRUARY 2022

The NWT has a lower proportion of the population who rate their general health as being excellent or very good.

Indigenous have a lower rate compared to non-Indigenous.

The Tłıchǫ and South Slave regions have the lowest proportions rating their health as excellent or very good.



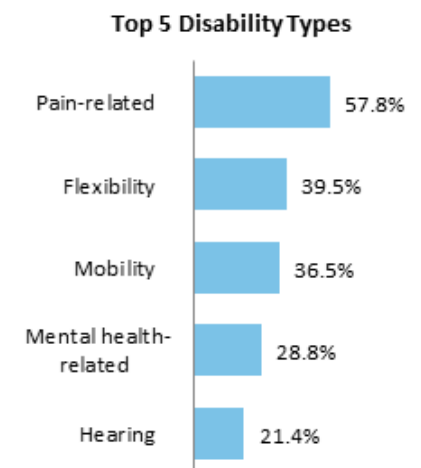
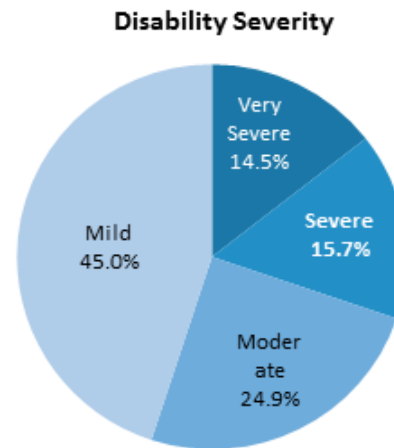
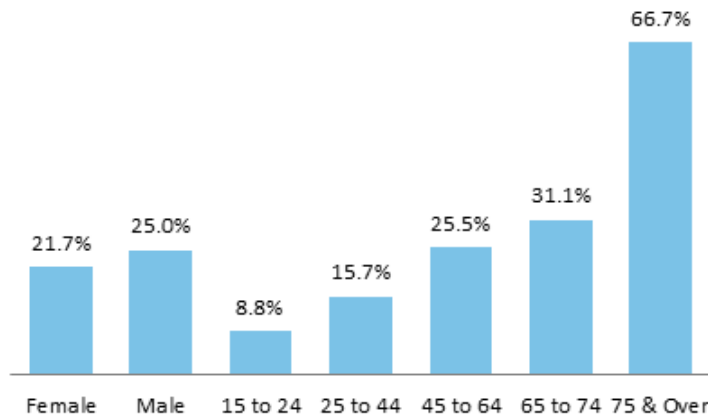
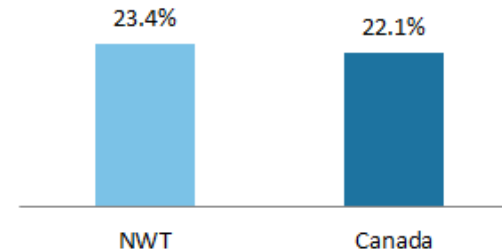
Notes: All figures are for 2018 unless otherwise stated. While still lower than the national average, the NWT scored higher on the 2015-2016 Canadian Community Health Survey (CCHS) with 54.3% rating their general health as excellent or very good. South Slave includes Hay River, Fort Smith, Lutselk'e and Fort Resolution.

Persons with Disabilities 557-19(2) TABLED ON FEBRUARY 21, 2022

The NWT and Canada have similar rates of disabilities 23.4% versus 22.1% (2017).

Disability rates increase with age. About 30% of NWT residents with disabilities have severe or very severe disabilities compared to 43% nationally.

In the NWT, well over half of the people with disabilities have pain-related issues, followed by almost 40% with flexibility problems and over 36% with mobility issues.



Note: NWT overall, female and male disabilities rates are age-standardized as is the Canadian rate. Includes people age 15 and over. Persons can have multiple disability types (e.g. pain, flexibility, and mobility at the same time).

Top Reasons for Hospitalizations (Total Length of Stay)

5.7.2022 RELEASED UNDER ATIA, 2011

Rank	Western Canada		NWT				
	2013-14	2014-15	2015-16	2016-17	2017-18	Other	
1	Mental Health Issues 17.6%	Mental Health Issues 14.8%	Injuries & Poisonings 16.2%	Circulatory Diseases 17.4%	Injuries & Poisonings 14.6%	Mental Health Issues 17.0%	Mental Health Issues 14.6%
2	Circulatory Diseases 14.9%	Injuries & Poisonings 14.3%	Digestive System Diseases 13.6%	Mental Health Issues 16.3%	Circulatory Diseases 13.1%	Injuries & Poisonings 13.5%	Injuries & Poisonings 13.8%
3	Injuries & Poisonings 12.5%	Circulatory Diseases 13.0%	Mental Health Issues 13.1%	Injuries & Poisonings 13.5%	Mental Health Issues 12.7%	Respiratory Diseases 12.6%	Respiratory Diseases 11.9%
4	Respiratory Diseases 10.4%	Respiratory Diseases 12.2%	Respiratory Diseases 11.4%	Respiratory Diseases 12.7%	Respiratory Diseases 12.1%	Circulatory Diseases 12.6%	Circulatory Diseases 11.4%
5	Digestive System Diseases 9.3%	Digestive System Diseases 10.3%	Circulatory Diseases 10.5%	Digestive System Diseases 10.1%	Digestive System Diseases 8.8%	Cancers 11.7%	Digestive System Diseases 11.1%
Other	35.2%	35.4%	35.2%	29.9%	38.6%	32.5%	37.2%

The top five reasons for hospitalization were the same in Western Canada as they were for the NWT. Mental health issues took up a greater proportion of bed days in Western Canada than the NWT.

Over the five years, the top five issues for the NWT were the almost always the same but did shift around in terms of their rankings.

Notes: Numbers exclude newborns, stillborns, hospitalizations for childbirth and pregnancy, and where the reason for the hospitalization was unknown or unclear. Rankings are based on the primary reason for hospitalization (age standardized total length of stay). Time period is for 2013-14 to 2017-18 unless otherwise stated. Western Canada - British Columbia, Alberta, Saskatchewan, Manitoba, Nunavut, NWT and the Yukon.

Top Reasons for Hospitalizations (Total Length of Stay)

5.7.2022 TABLED OFFICE 21, 2022

Rank	Female	Male	Indigenous	Non-Indigenous	Yellowknife	Regional Centres	Smaller Communities
1	Mental Health Issues 14.8%	Circulatory Diseases 15.5%	Mental Health Issues 17.5%	Circulatory Diseases 20.3%	Mental Health Issues 17.7%	Injuries & Poisonings 15.8%	Injuries & Poisonings 17.0%
2	Injuries & Poisonings 14.3%	Mental Health Issues 14.9%	Injuries & Poisonings 16.8%	Cancers 11.9%	Circulatory Diseases 14.2%	Circulatory Diseases 14.2%	Respiratory Diseases 14.2%
3	Digestive System Diseases 12.6%	Injuries & Poisonings 14.4%	Respiratory Diseases 14.0%	Mental Health Issues 11.2%	Injuries & Poisonings 11.5%	Respiratory Diseases 12.4%	Mental Health Issues 13.6%
4	Respiratory Diseases 12.1%	Respiratory Diseases 12.3%	Digestive System Diseases 11.3%	Injuries & Poisonings 10.8%	Respiratory Diseases 10.3%	Digestive System Diseases 12.2%	Cancers 11.3%
5	Cancers 10.1%	Cancers 9.8%	Cancers 8.8%	Respiratory Diseases 9.8%	Digestive System Diseases 9.2%	Mental Health Issues 11.9%	Circulatory Diseases 10.5%
Other	36.1%	33.1%	31.7%	36.1%	37.1%	33.4%	33.3%

The top conditions were similar for males and females with the exception of circulatory diseases (heart disease and strokes) which were the highest for men and diseases of the digestive system which were the third highest for women.

Indigenous had much higher proportion of bed days for mental health issues, injuries and respiratory diseases where as non-Indigenous had highest proportions for circulatory diseases and cancers.

Notes: Numbers exclude newborns, stillborns, hospitalizations for childbirth and pregnancy, and where the reason for the hospitalization was unknown or unclear. Rankings are based on the primary reason for hospitalization (age standardized total length of stay). Time period is for 2013-14 to 2017-18 unless otherwise stated.

Top Reasons for Hospitalizations (Total Length of Stay)

COVID-192710110101 FEBRUARY 21, 2022

Rank	Beaufort-Delta	Dehcho	Fort Smith	Hay River	Sahtu	Tłı̄chǫ	Yellowknife
1	Respiratory Diseases 17.6%	Injuries & Poisonings 18.4%	Mental Health Issues 17.4%	Circulatory Diseases 17.7%	Injuries & Poisonings 19.4%	Injuries & Poisonings 17.9%	Mental Health Issues 18.3%
2	Injuries & Poisonings 17.2%	Circulatory Diseases 16.8%	Circulatory Diseases 14.2%	Injuries & Poisonings 15.5%	Cancers 17.3%	Respiratory Diseases 16.2%	Circulatory Diseases 14.0%
3	Digestive System Diseases 11.5%	Digestive System Diseases 10.8%	Injuries & Poisonings 14.1%	Digestive System Diseases 12.4%	Mental Health Issues 14.9%	Cancers 15.7%	Injuries & Poisonings 11.3%
4	Mental Health Issues 11.5%	Respiratory Diseases 9.9%	Respiratory Diseases 13.0%	Cancers 11.1%	Respiratory Diseases 13.4%	Mental Health Issues 14.0%	Respiratory Diseases 10.7%
5	Cancers 9.5%	Endocrine 9.8%	Digestive System Diseases 11.1%	Mental Health Issues 9.6%	Digestive System Diseases 8.1%	Digestive System Diseases 10.5%	Digestive System Diseases 9.1%
Other	32.8%	34.4%	30.1%	33.7%	26.9%	25.8%	36.5%

The top conditions by the proportion of bed days varied by region with injuries figuring more prominently in the Dehcho, Sahtu and Tłı̄chǫ, while circulatory diseases were not in the top five for the Beaufort-Delta, Sahtu and Tłı̄chǫ.

Mental health issues were in the top five in all regions with the exception of the Dehcho.

Notes: Numbers exclude newborns, stillborns, hospitalizations for childbirth and pregnancy, and where the reason for the hospitalization was unknown or unclear. Rankings are based on the primary reason for hospitalization (age standardized total length of stay). Time period is for 2013-14 to 2017-18 unless otherwise stated.

Chronic and Infectious Diseases

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- Chronic diseases are a leading contributor to disability and premature death and are a major resource burden on the health system (hospitalizations, home care, long-term care, and pharmaceuticals).
- Cancers, chronic obstructive pulmonary disease, diabetes, hypertension, heart attacks and strokes are some of the most prevalent chronic conditions in the NWT and Canada as a whole. These conditions disproportionately affect seniors.
- Infectious diseases such as sexually transmitted infections can cause infertility, ectopic pregnancies, premature births and damage to unborn children.
- Tuberculosis is a serious potentially life threatening infectious disease if not effectively treated.
- Methicillin resistance staphylococcus aureus infection is a staph bacteria that is resistant to many antibiotics. Typically most MRSA infections come from hospitals and other health care settings. In contrast, in the NWT, most MRSA infections come from outside of health care facilities (i.e., community-based). Infections begin on the skin but can quickly progress into deep abscesses if not treated effectively. Such abscesses can spread to the bones and internal organs and become life threatening.

Cancer

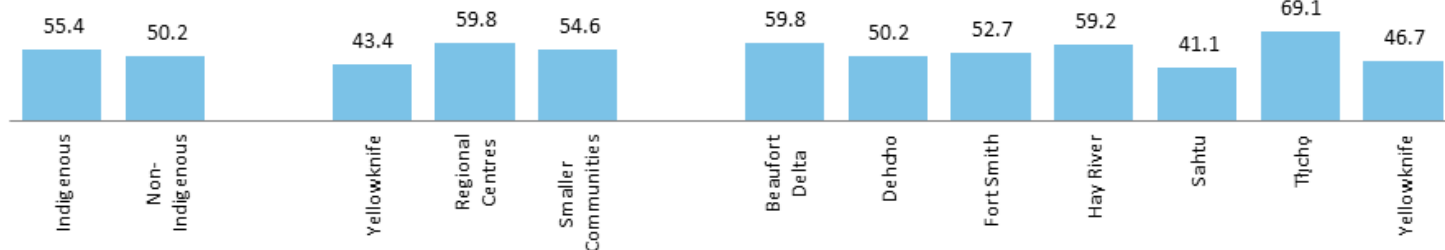
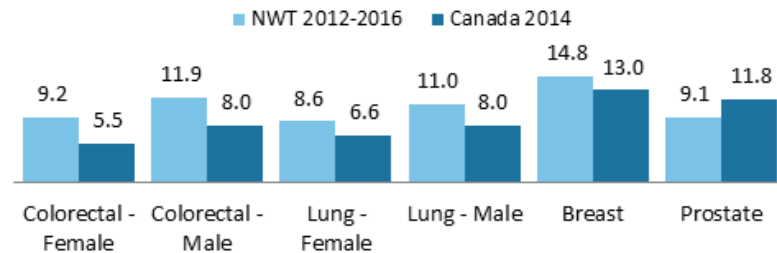
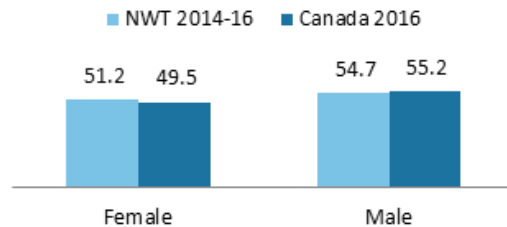
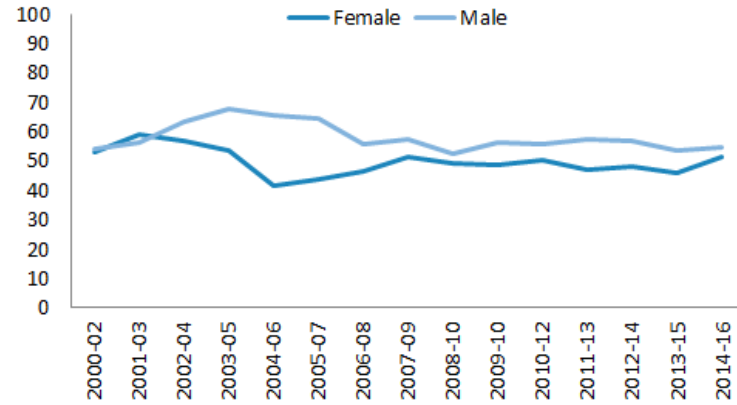
TD 557-19(2) TABLED ON FEBRUARY 21, 2022

Overall cancer rates have remained relatively flat for men and women in the NWT over the last 15 years and are not significantly different from the national average.

Rates for particular cancers are higher in the NWT than in Canada - Colorectal (women and men) and Lung for men.

Overall rates are not different between Indigenous and non-Indigenous residents.

Cancer rates are lower in the Yellowknife than they are in the regional centres. When examined regionally, there are no significant differences.



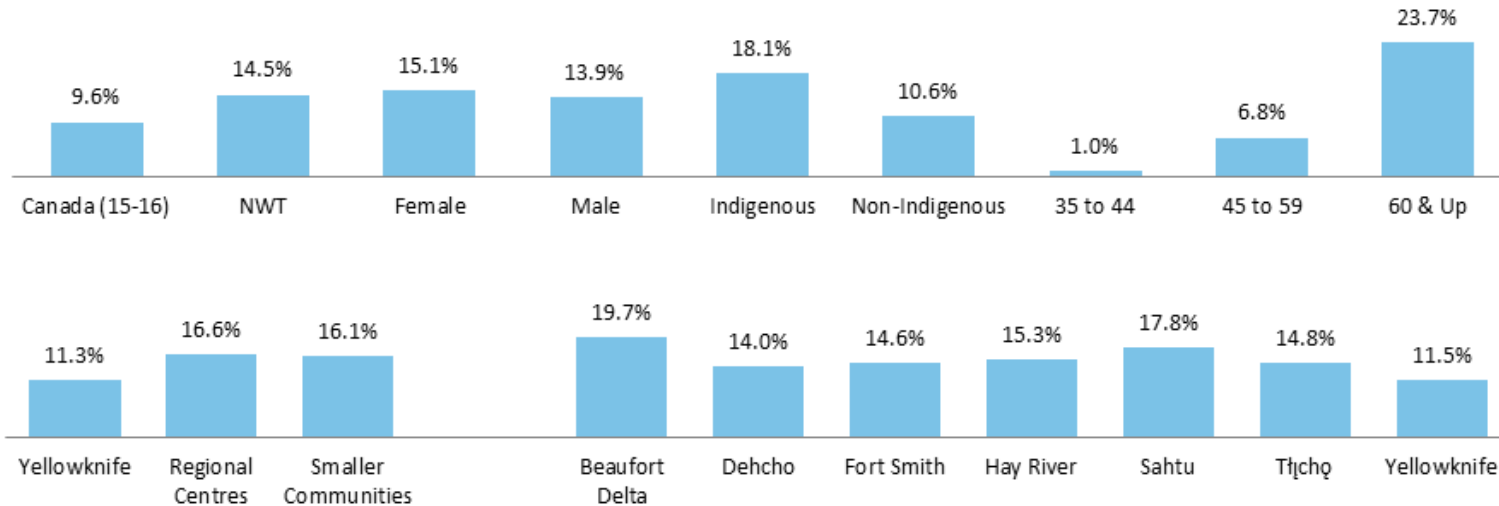
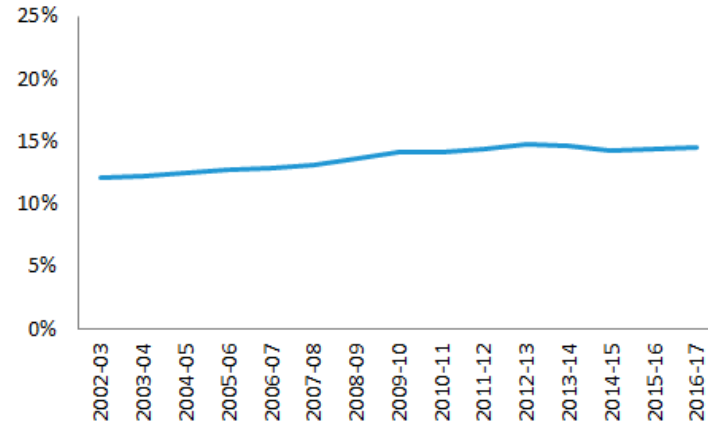
Note: Rates are age-standardized, per 10,000. Rates are for 2012-2016 unless otherwise stated.

Chronic Obstructive Pulmonary Disease Prevalence

The proportion of the population (prevalence) with COPD is higher in the NWT compared to Canada. The prevalence of COPD has grown slightly over the last 15 years from 12% to 14.5% of the population (age 35+).

Within the NWT, the prevalence of COPD is higher amongst the Indigenous population.

Communities outside of Yellowknife have the highest rates, especially those in the Beaufort Delta and the Sahtu regions.



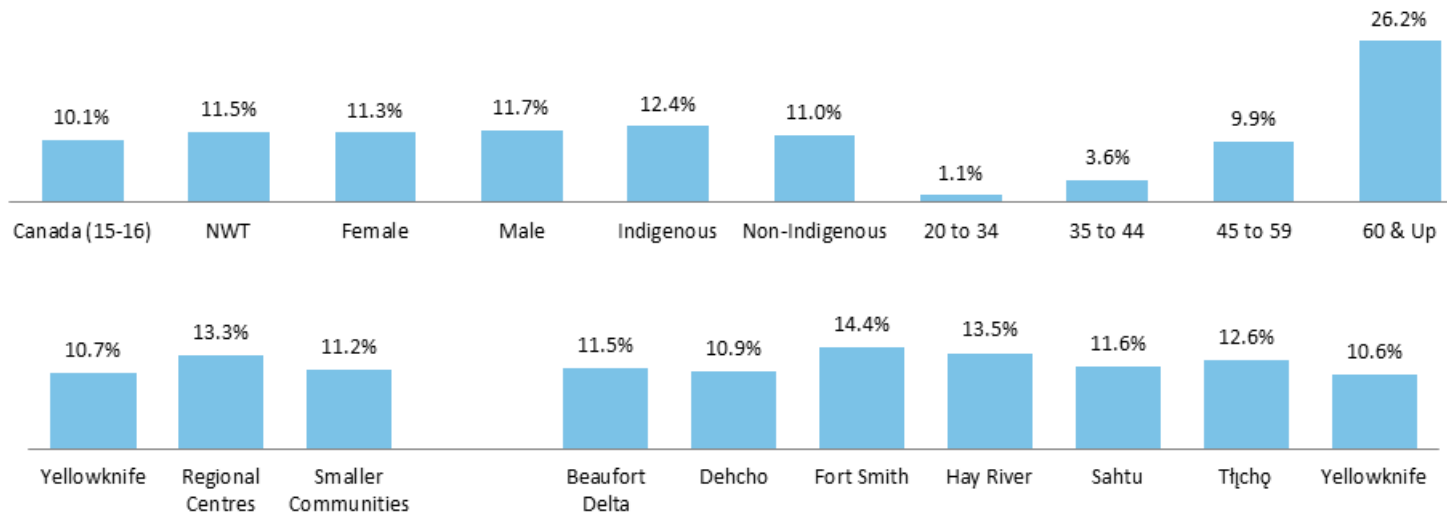
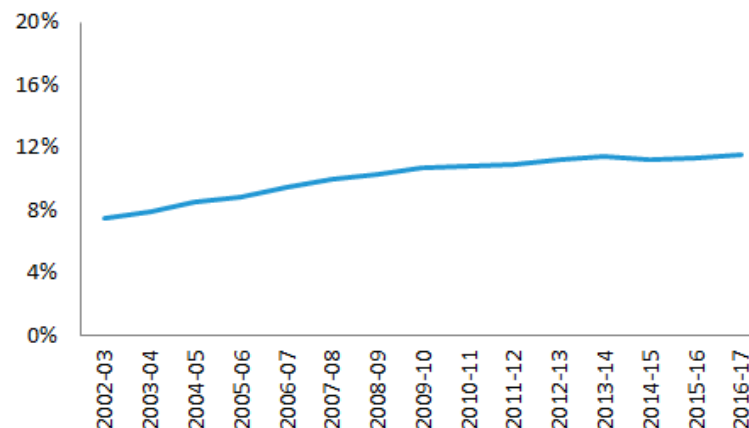
Note: Rates are age-standardized (age 35+) and are for the fiscal year 2016-17, unless otherwise stated.

Diabetes - Prevalence TD 557-19(2) TABLED ON FEBRUARY 21, 2022

The proportion of the population (prevalence) with diabetes is higher in the NWT compared to Canada. The prevalence of diabetes has grown by over 50% during the last 15 years from 7.5% to 11.5% of the population (age 20+).

The prevalence of diabetes is higher amongst Indigenous residents.

The rate is highest amongst the regional centres and the regions of Fort Smith and Hay River.



Note: Rates are age-standardized (age 20+) and are for the fiscal year 2016-17, unless otherwise stated.

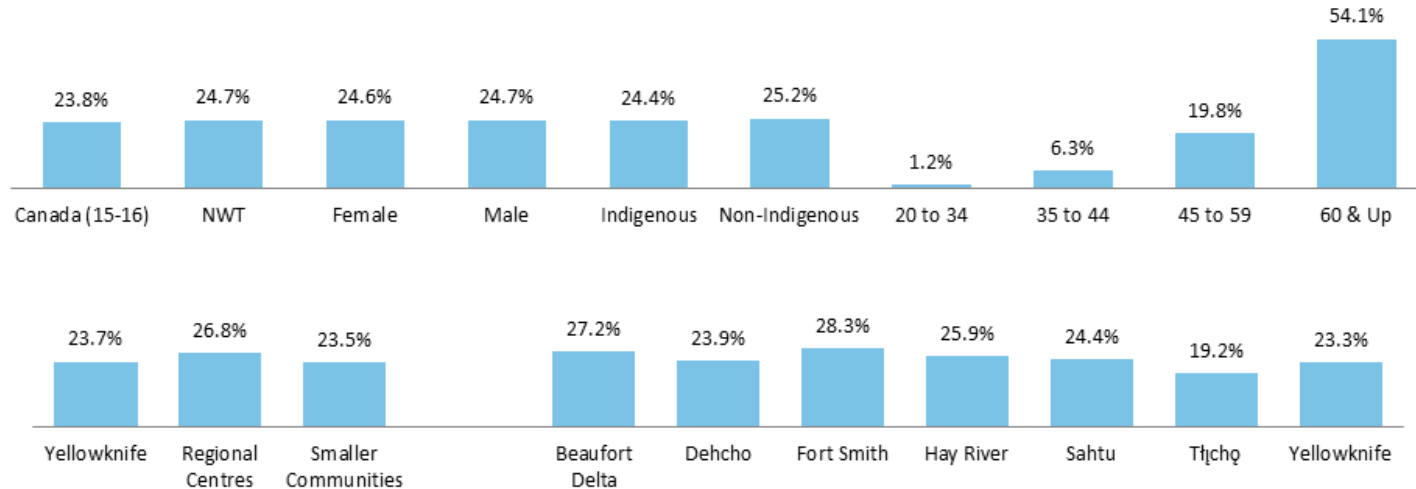
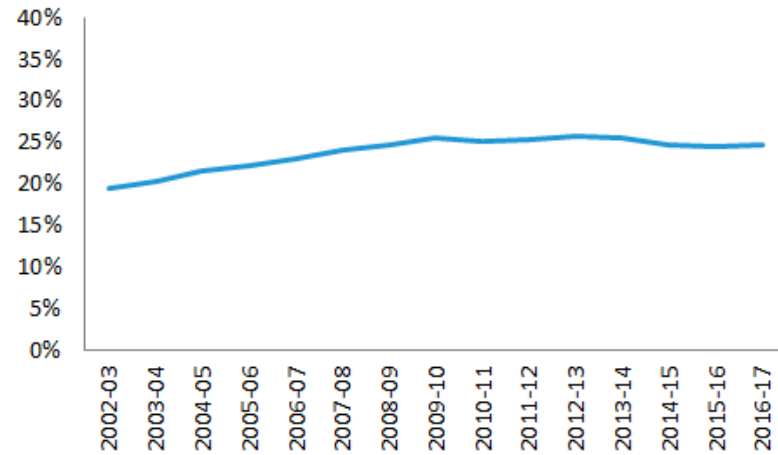
Hypertension - Prevalence

2017-19(2) TABLED ON FEBRUARY 21, 2022

The proportion of the population (prevalence) with hypertension is similar in the NWT compared to Canada. The prevalence of hypertension has grown over the last 15 years from 19.6% to 24.7% of the population (age 20+).

The prevalence of hypertension is similar between genders and ethnic groups.

The regional centres have higher rates of hypertension than the rest of the NWT. Fort Smith and Beaufort-Delta have the highest rates and the Tłı̨chǫ the lowest.



Note: Rates are age-standardized (age 20+) and are for the fiscal year 2016-17, unless otherwise stated.

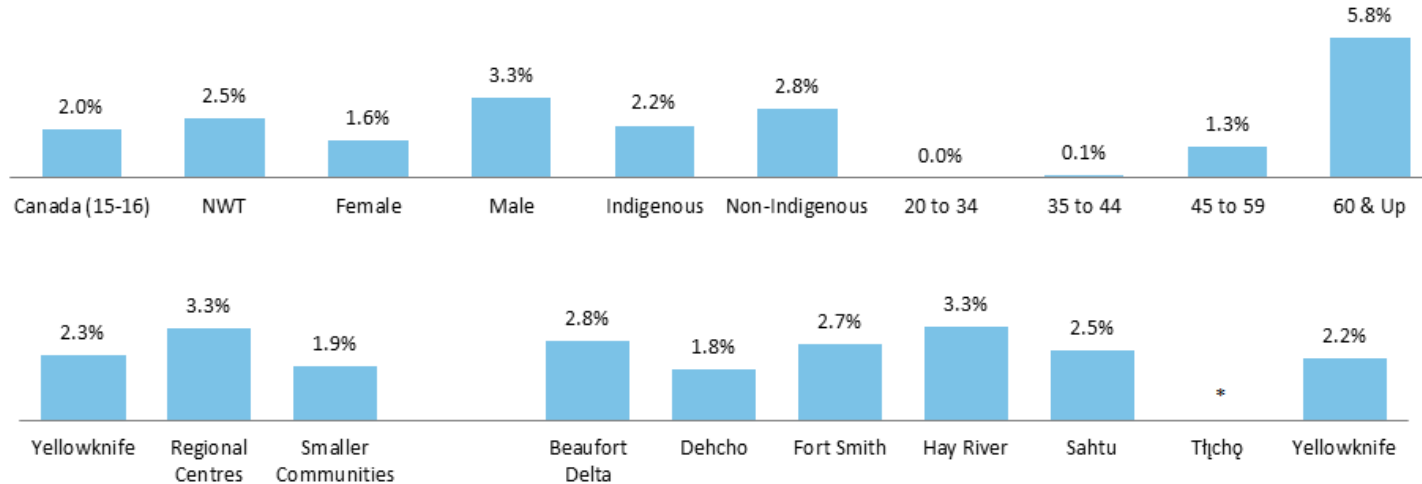
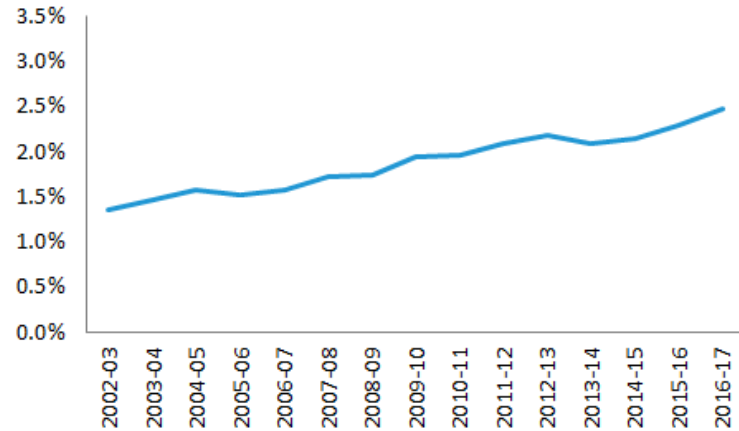
Acute Myocardial Infarction - Prevalence

100-2022-100 FEBRUARY 21, 2022

The prevalence of the population having had an AMI (heart attack) is higher in the NWT compared to the national average. Over the last 15 years, the proportion of the population having had an AMI has grown by over 80% from 1.4% to 2.5% (age 20+).

The prevalence of AMIs is higher amongst men than women.

The prevalence is highest in the regional centres and lowest in the smaller communities. Regionally, Hay River is the highest and the Dehcho the lowest.



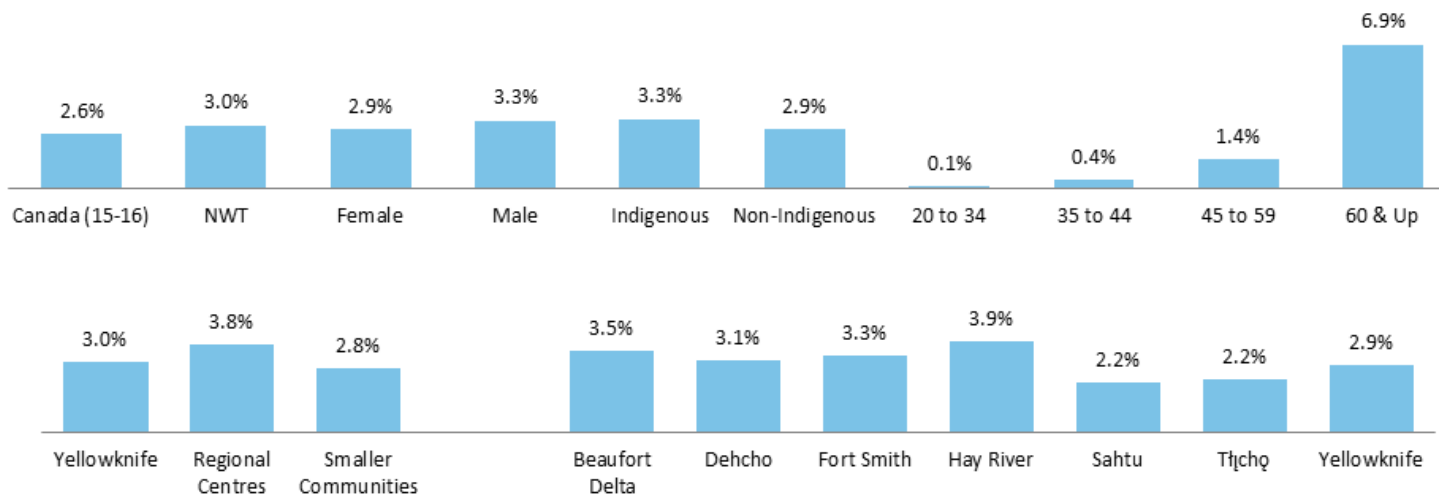
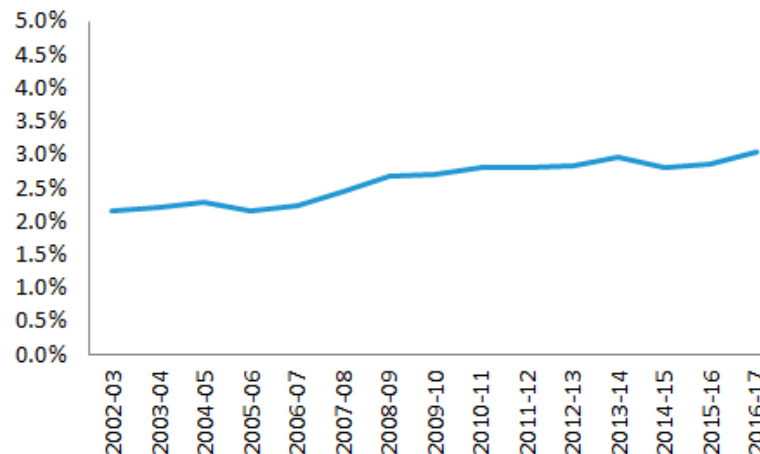
Note: Rates are age-standardized (age 20+) and are for the fiscal year 2016-17, unless otherwise stated. * Tlı̄chǫ suppressed due to small numbers.

Stroke - Prevalence TD 557-19(2) TABLED ON FEBRUARY 21, 2022

The prevalence of the population having had a stroke is higher in the NWT compared to the national average. In the last 15 years, the proportion of the population having had a stroke has grown by over 40% from 2.1% to 3.0% (age 20+).

Within the NWT there is no meaningful difference for the prevalence of strokes between men and women and between Indigenous and non-Indigenous.

There are no meaningful differences by community type or region.



Note: Rates are age-standardized (age 20+) and are for the fiscal year 2016-17, unless otherwise stated.

Sexually Transmitted Diseases

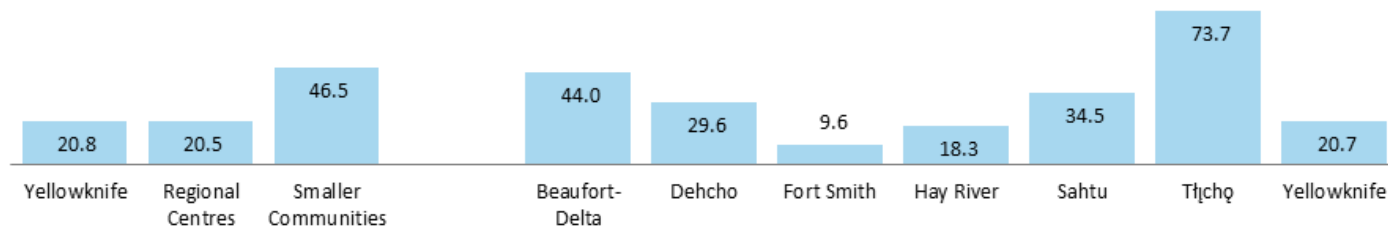
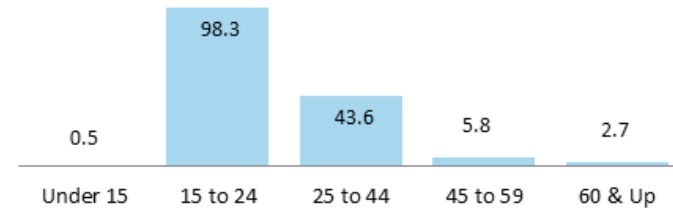
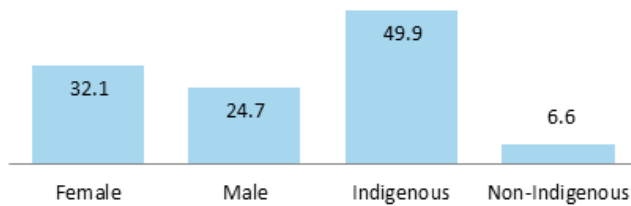
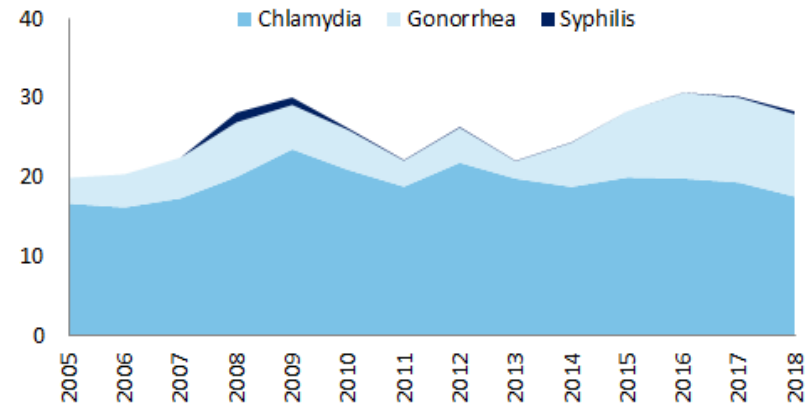
ID 557-19(2) TABLED ON FEBRUARY 21, 2022

STI rates have been increasing in recent years - primarily due to a large increase in the rate of gonorrhoea from 2.2 to 10.4 cases per 1,000 between 2013 and 2018.

For 2016, the NWT overall STI rate was over seven times as high as the national rate (30.7 vs 4.1); while for gonorrhoea it was over 16 times as high (10.8 vs 0.65).

Rates are much higher for Indigenous versus non-Indigenous populations and are highest amongst youth 15 to 24 years of age.

Smaller communities have the highest rates, particular those within the Tłı̄chq and Beaufort-Delta regions.



Note: Rates are per 1,000. Rates are for 2018 unless otherwise stated.

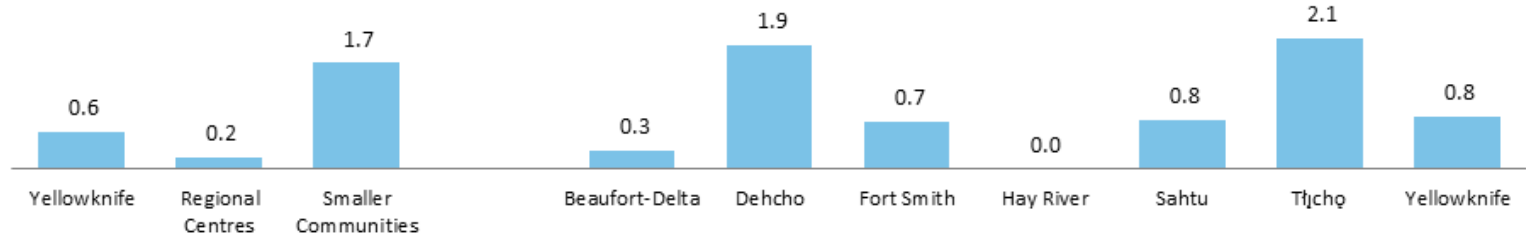
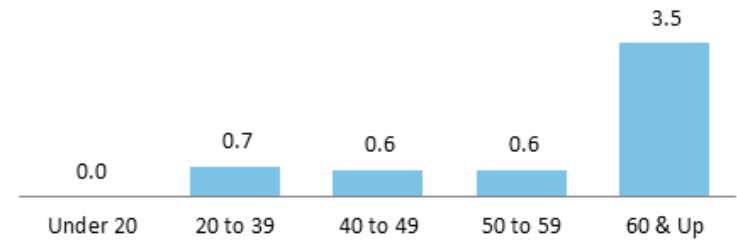
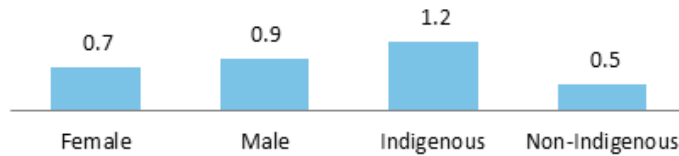
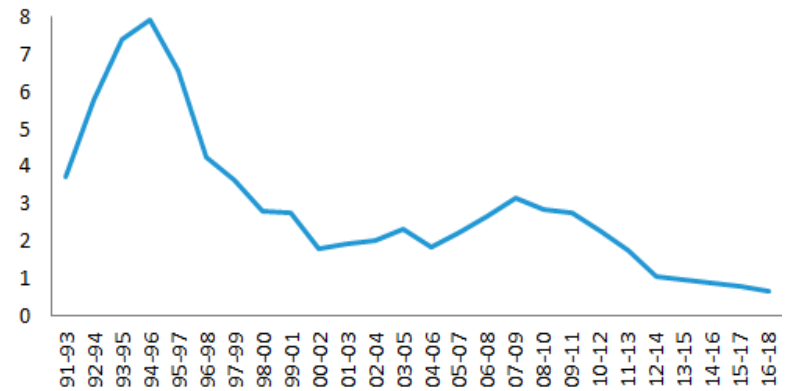
Tuberculosis

TD 557-19(2) TABLED ON FEBRUARY 21, 2022

TB rates have decreased since the outbreaks during the 1990s from a 3-year average high of 7.9 cases per 10,000 in 1994-96 to a low of 0.7 in 2016-18 (9 cases in total). The current TB rate for the NWT is not significantly different than the national rate of 0.5 (2017).

Rates are not significantly different between men and women or between Indigenous and non-Indigenous. Rates are highest amongst the population age 60 and over - accounting for 50% of cases in the last five years.

Rates are highest amongst the smaller communities compared to the rest of the NWT. Regionally, Hay River and the Beaufort-Delta had the lowest rates.



Note: Rates are per 10,000. Rates are five year averages for 2014-2018 unless otherwise stated.

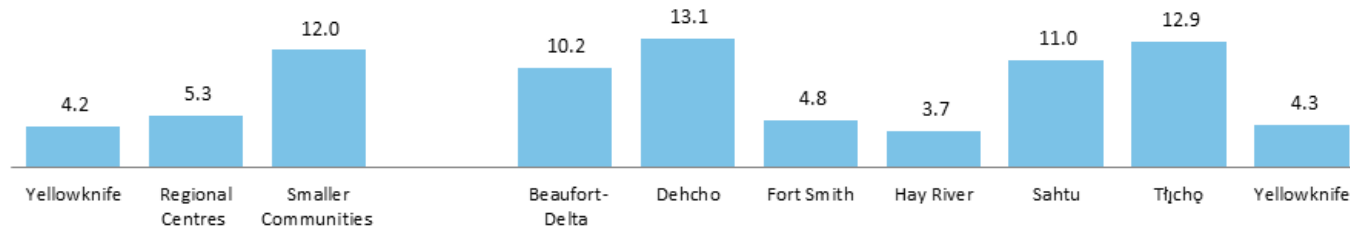
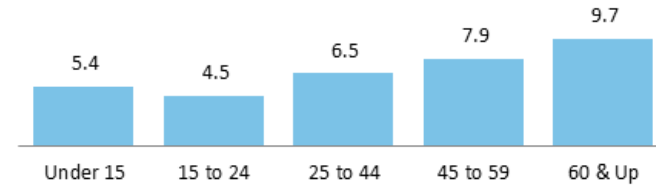
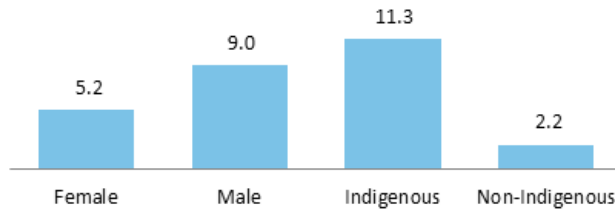
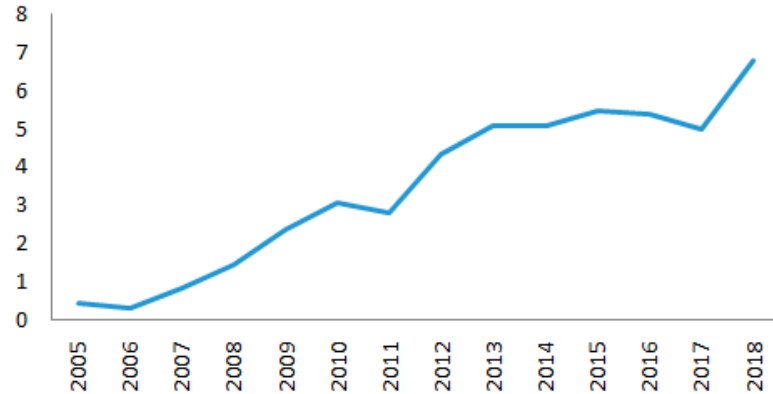
Methicillin Resistant Staphylococcus Aureus

MRSA rates have been increasing in recent years from less than 1 case per 1,000 per year in the mid 2000s to 6.8 cases per 1,000 in 2018.

National comparisons are not available as NWT cases of MRSA are primarily community-based whereas nationally most cases are hospital based.

MRSA rates are higher amongst males, and Indigenous populations.

Smaller communities have the highest rates, primarily in the Dehcho, Tłı̨chǫ, Sahtu and Beaufort-Delta.



Note: Rates are per 1,000. Rates are for 2018 unless otherwise stated.

MORTALITY



Life Expectancy

- Life expectancy is a key indicator of the overall health status of any population.
- Life expectancy is influenced by a number of factors including premature death due to preventable and treatable health conditions along with social and economic deprivation.
- With small populations, such as the NWT, changes in life expectancy occur over decades.

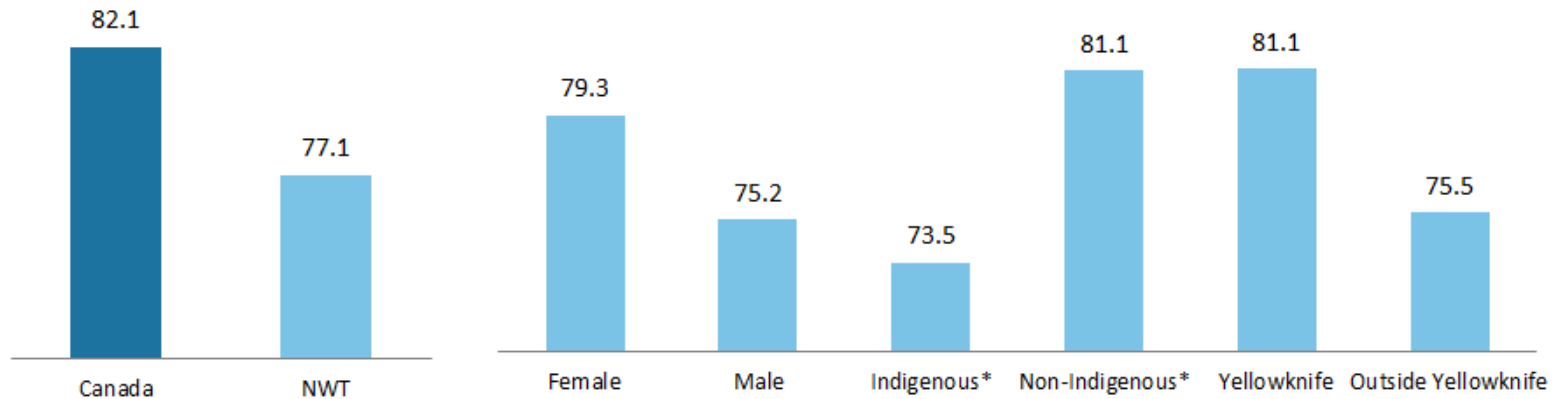
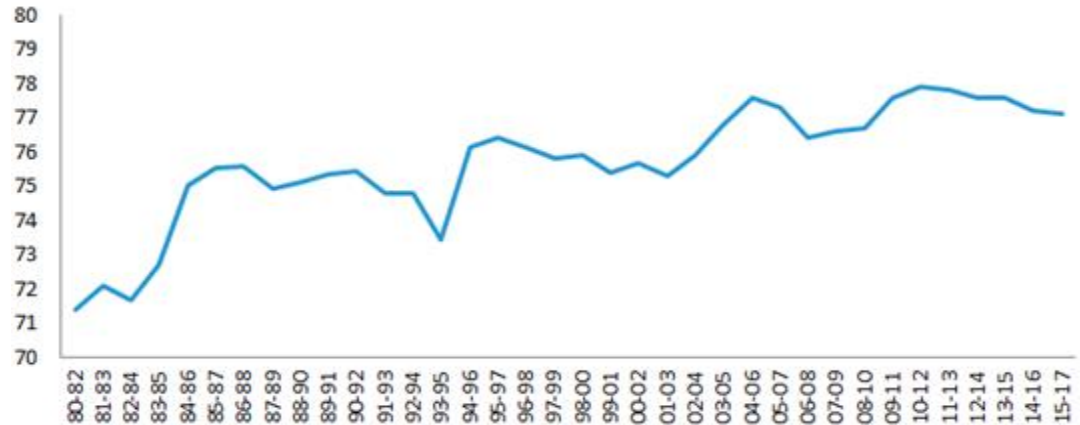
Life Expectancy at Birth

TD 557-19(2) TABLED ON FEBRUARY 21, 2022

NWT life expectancy at birth has been increasing but still remains almost five years lower than the national average of 82 years.

As is the case nationally, women have longer life expectancies than men in the NWT.

Indigenous life expectancy is much lower than non-Indigenous.



Notes: * Life expectancies for Indigenous and Non-Indigenous are for 2014-2016, all other figures are for 2015-17 unless otherwise stated.

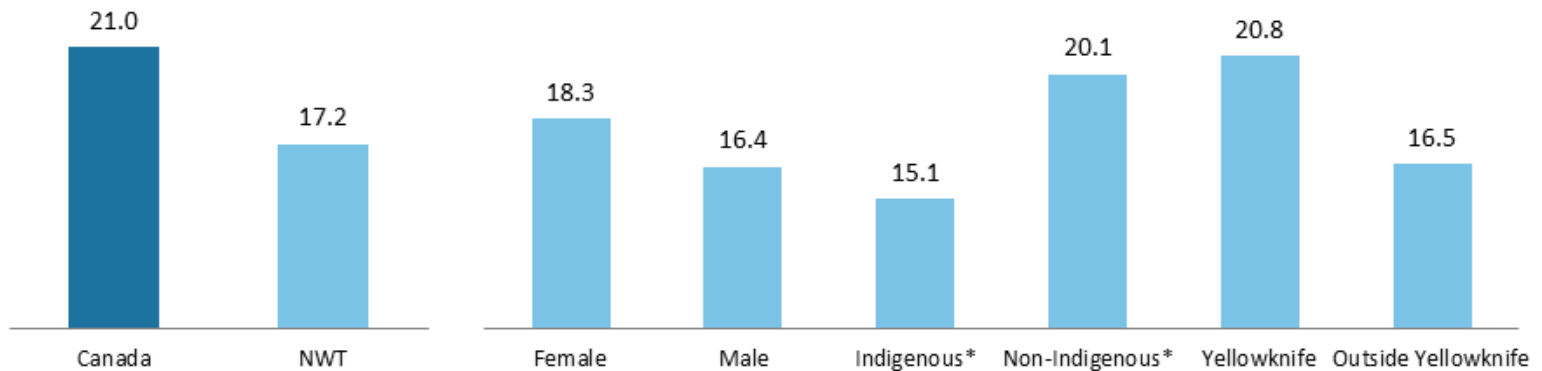
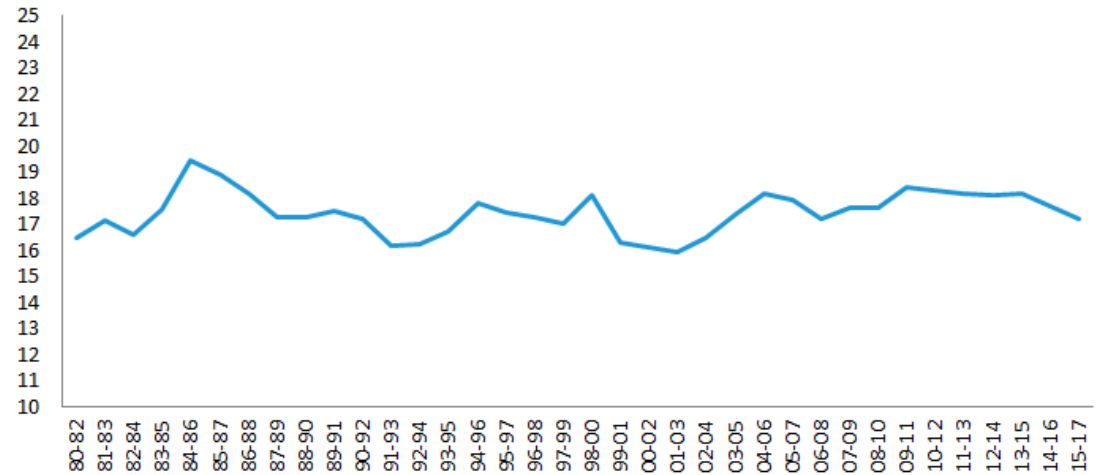
Life Expectancy at Age 65

2015-19(2) TABLED ON FEBRUARY 21, 2022

NWT life expectancy at age 65 years has not changed much over the last 35 years and is lower than the national average of 21 years.

As is the case nationally, women have longer life expectancies at age 65 than men in the NWT.

Indigenous life expectancy at age 65 is much lower than non-Indigenous.



Notes: * Life expectancies for Indigenous and Non-Indigenous are for 2014-2016, all other figures are for 2015-17 unless otherwise stated.

Avoidable Mortality

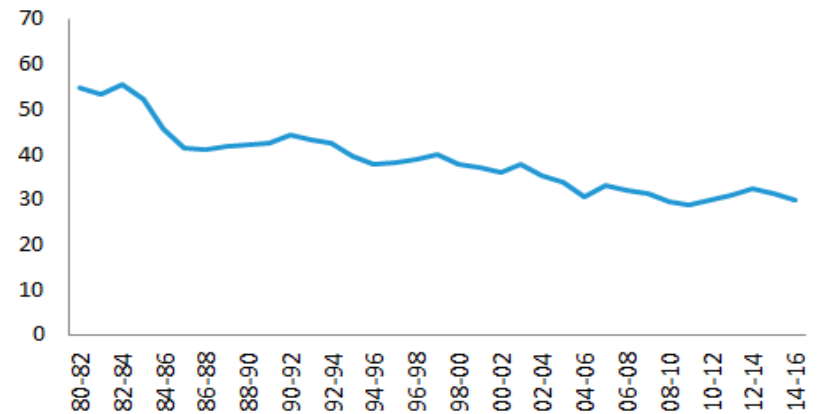
- Potentially avoidable mortality includes deaths before the age of 75 years that were due to causes that are thought to be generally preventable and/or treatable.
- A reduction in avoidable mortality is key to an improvement in life expectancy.
- As with life expectancy, a meaningful change in the rate of avoidable mortality takes decades to occur – especially in a small population such as the NWT.
- Preventable deaths, such as injuries, some cancers and some cardiovascular diseases, are related to other factors, including addictions, chronic substance use, unhealthy weights, inactivity and poor diets.
- Treatable deaths, such those due to some cardiovascular and cancers, could possibly be avoided if access to services, such as screening, are acquired in a timely manner.

Avoidable Mortality TD 557-19(2) TABLED ON FEBRUARY 21, 2022

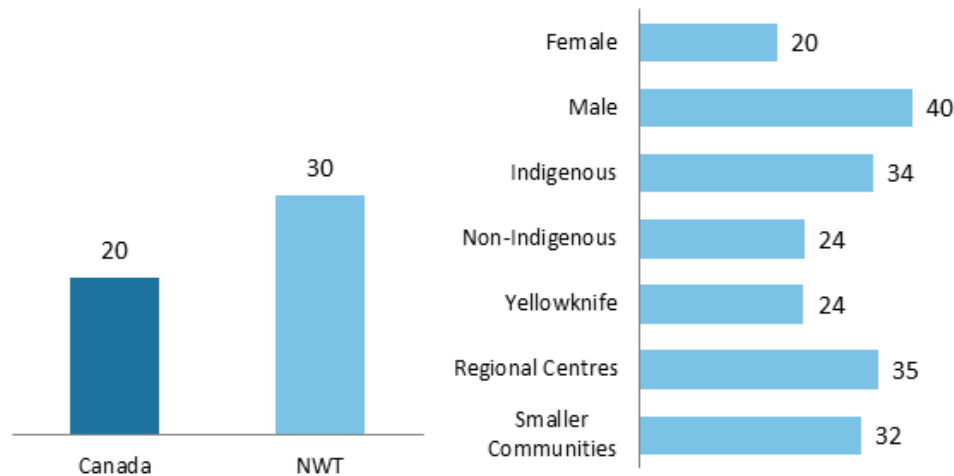
NWT potentially avoidable mortality rates (AMR) are decreasing but are still much higher than national rates.

The AMR for NWT men is higher than it is for NWT women.

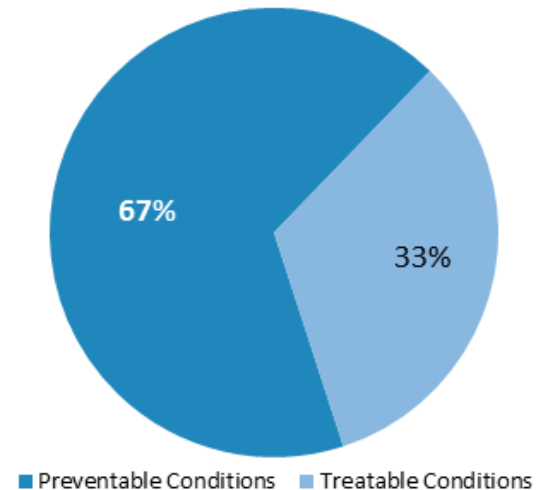
Differences in AMRs between Indigenous and Non-Indigenous and between community types are not statistically significant.



Current Status, 2014 to 2016



Avoidable Mortality Type

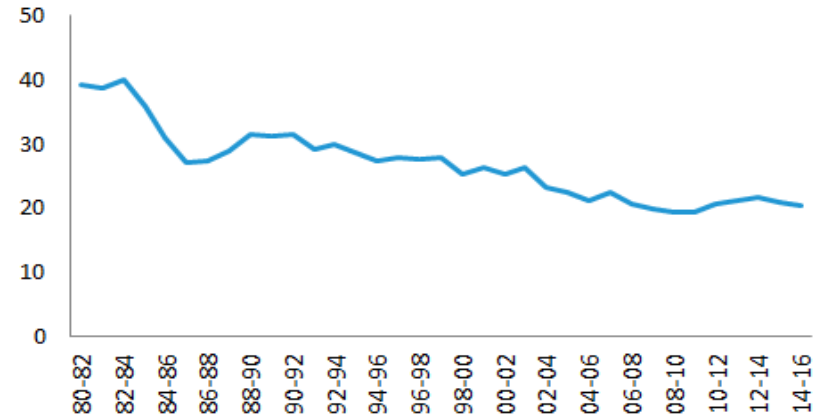


Note: All figures are age-standardized rates (deaths per 10,000) unless otherwise stated.

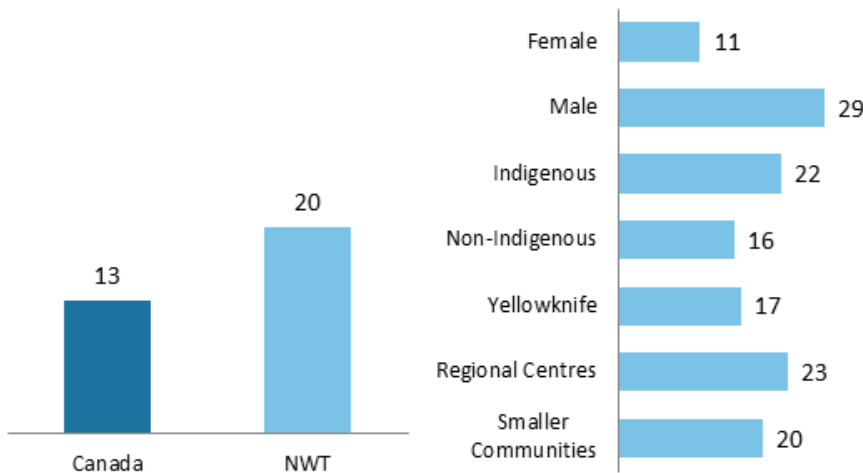
Avoidable Mortality due to Preventable Causes

Two-thirds of potentially avoidable deaths in the NWT are due to preventable causes.

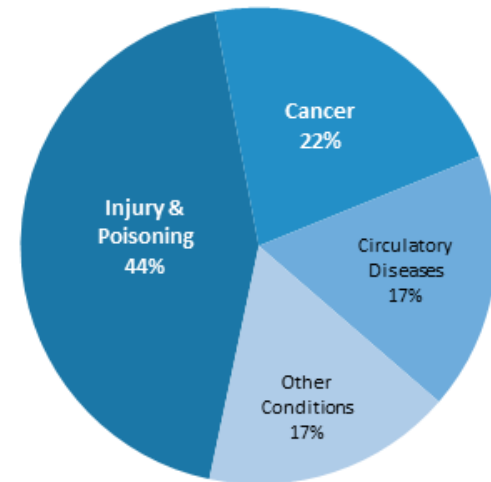
Injuries, cancers and circulatory diseases made up over 80% of the preventable causes.



Current Status, 2014 to 2016



Top Preventable Causes

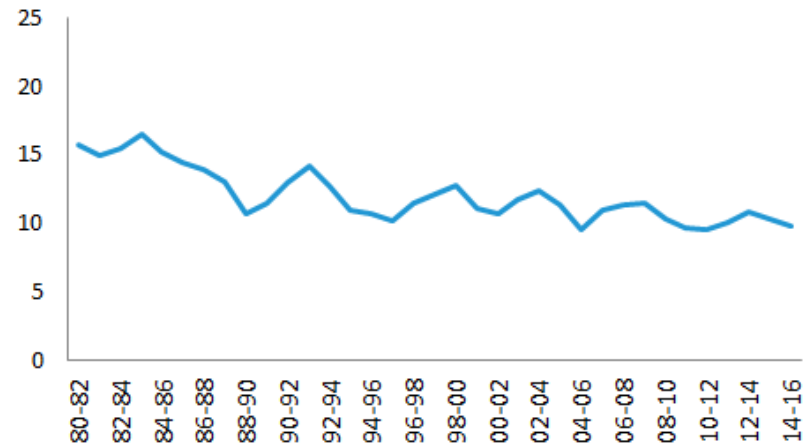


Note: All figures are age-standardized rates (deaths per 10,000) unless otherwise stated.

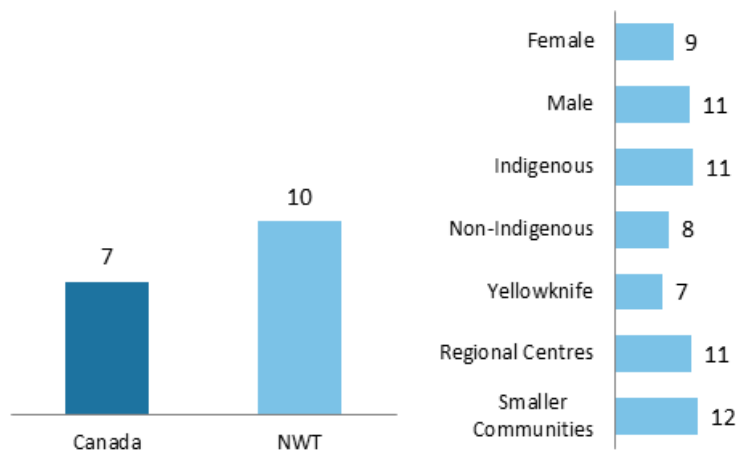
Avoidable Mortality due to Treatable Causes

One-third of potentially avoidable deaths in the NWT are due to treatable causes.

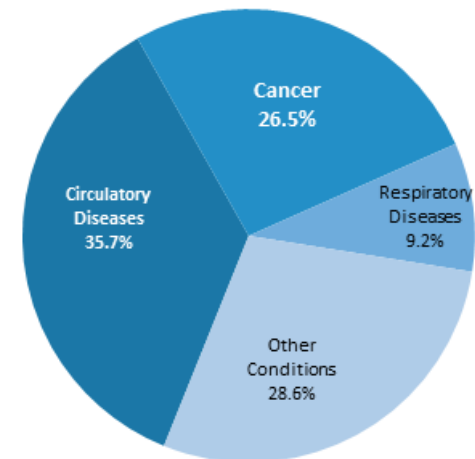
Circulatory diseases, cancers and respiratory diseases make up almost 70% of treatable causes.



Current Status, 2014 to 2016



Top Treatable Causes



Note: All figures are age-standardized rates (deaths per 10,000) unless otherwise stated.

CHILD HEALTH AND WELL-BEING



- Infant mortality is a basic public health indicator that demonstrates the overall health of a population, health of mothers, as well as the effectiveness of health systems. Premature births and congenital defects are two leading drivers of infant mortality.
- There are number of risk factors for premature delivery including, history of premature births, pregnancy with twins or greater, smoking, drug use, stress, injury and chronic conditions.
- Besides death, premature delivery can result in short-term complications, including such as breathing issues, low blood pressure and bleeding in the brain as well as long-term complications, including cerebral palsy, learning challenges, vision and hearing issues, behavioural issues and chronic health problems.
- Premature babies are often underweight. Being born underweight (less than 2500 grams) increases the risk for number of negative outcomes later in life, including development delays, learning disabilities and behavioural problems.

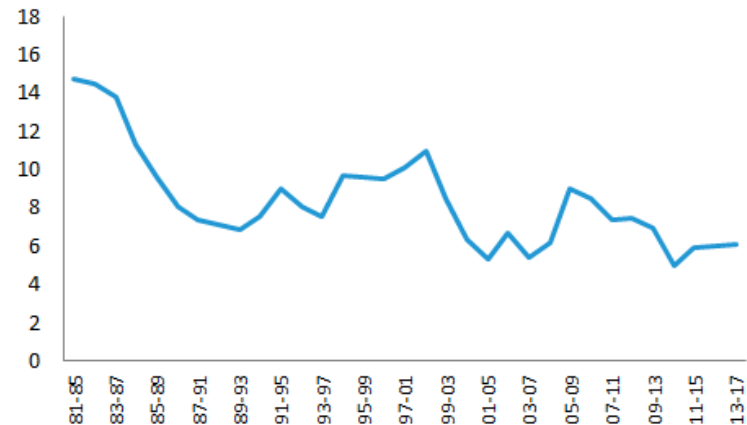
Infant Mortality

TD 557-19(2) TABLED ON FEBRUARY 21, 2022

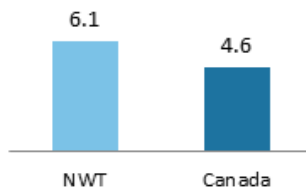
NWT infant mortality rate has dropped over the last three decades and is not significantly different than national rates.

In the NWT, the number of infant deaths averaged less than five per year over the last ten years. Some regions went several years without any deaths.

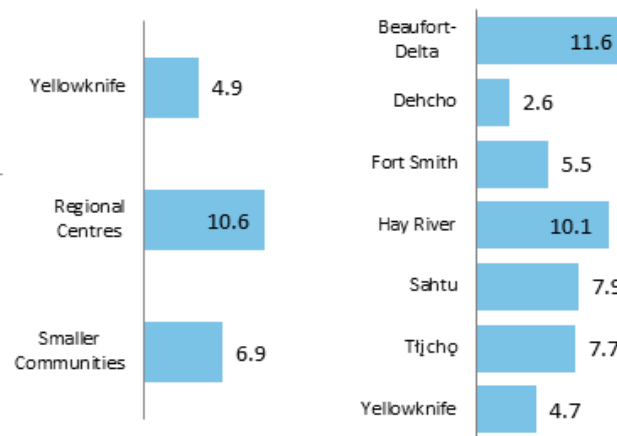
Over two-thirds of infant deaths were due to issues arising in the first seven days (perinatal period) such as complications of delivery and



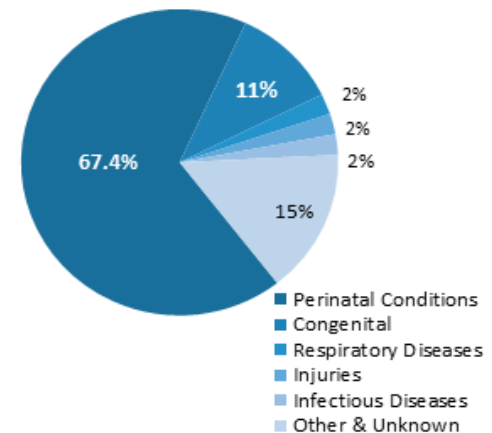
2013-2017



Sub-NWT, 2008 to 2017



Cause, 2008 to 2017



Note: Infant mortality rates = number of infant deaths (under 1 year) per 1,000 births.

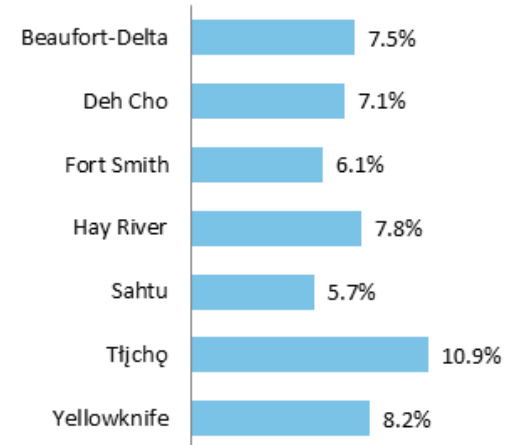
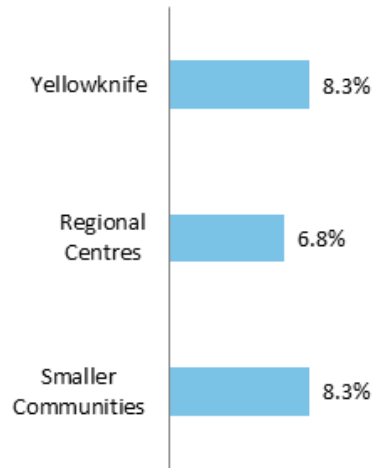
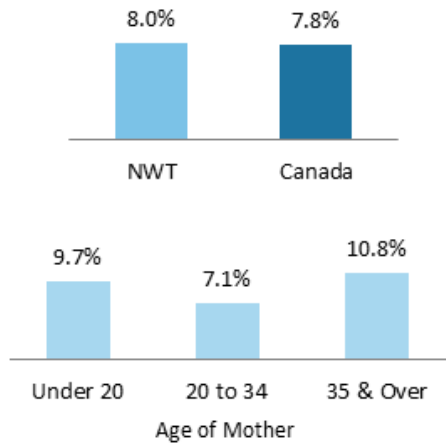
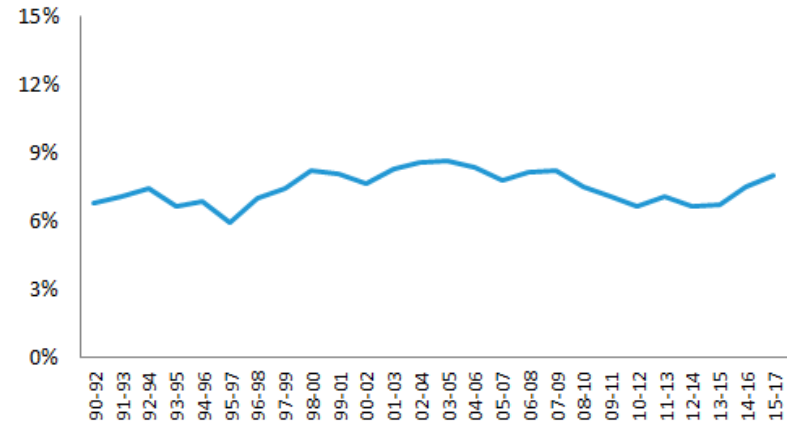
Premature Births

TD 557-19(2) TABLED ON FEBRUARY 21, 2022

NWT rates have remained steady over the last 25 years and are not meaningfully different from the national average.

Rates are not significantly different across community type or health region.

Rates tend to be somewhat higher amongst younger and older mothers.



Note: Proportion of births with a gestation period under 37 weeks. Figures are for 2015-17 unless otherwise stated.

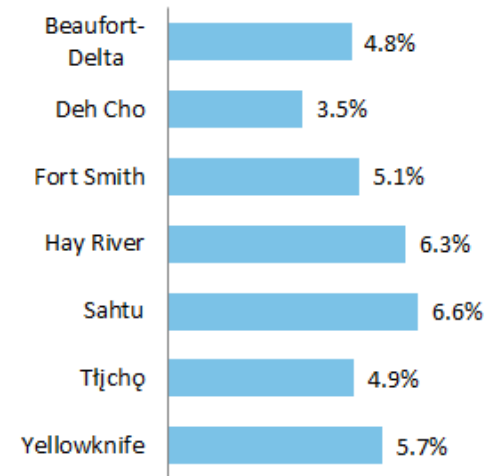
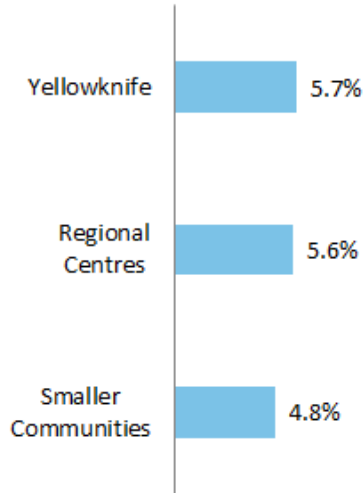
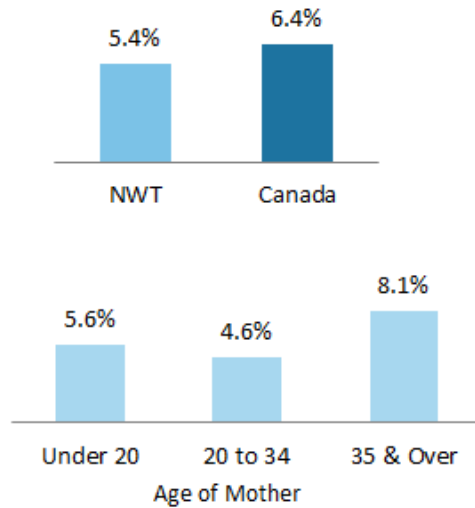
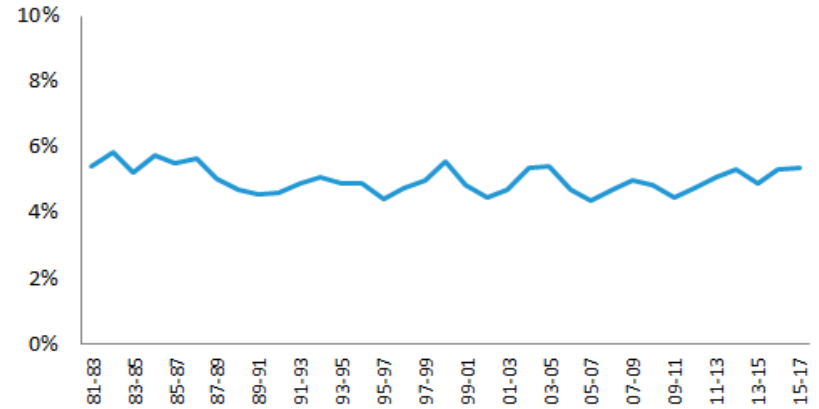
Low Birth Weight

TD 557-19(2) TABLED ON FEBRUARY 21, 2022

NWT rates have remained steady over the last three decades and are not meaningfully different from the national average.

Rates vary somewhat across health region, though the rates tend to be lower or not significantly different than the national average.

Rates are higher with mothers age 35 years and over.



Note: Proportion of births under 2500 grams. Figures are for 2015-17 unless otherwise stated.

Teen Births and Lone Parent Families

FD 557-102 TABLED ON FEBRUARY 21, 2022

- Teen births expose both mother and child to a certain number of risks including physical complications arising from a higher risk of prematurity/low birth weight. While individual circumstances of the teen mother varies in terms of the degree to which extended family support systems and other resources exist, teen mothers and their children are at a higher risk of a number of social issues, including, living in poverty and encounters with the child welfare system.
- Compared to couple families, lone or single parent families are generally more likely to have fewer resources and face greater stress in child rearing. Children raised in lone parent families are more likely to be affected by poverty and face difficulties later in life. As with teen mothers, some single parents are able to access support and resources from extended family members.

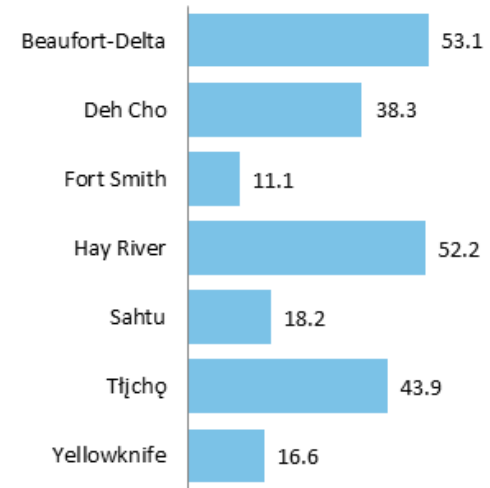
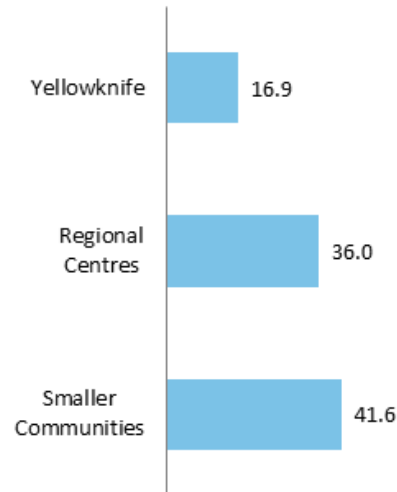
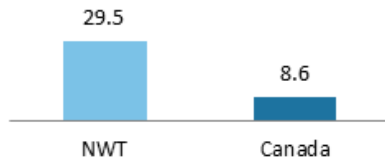
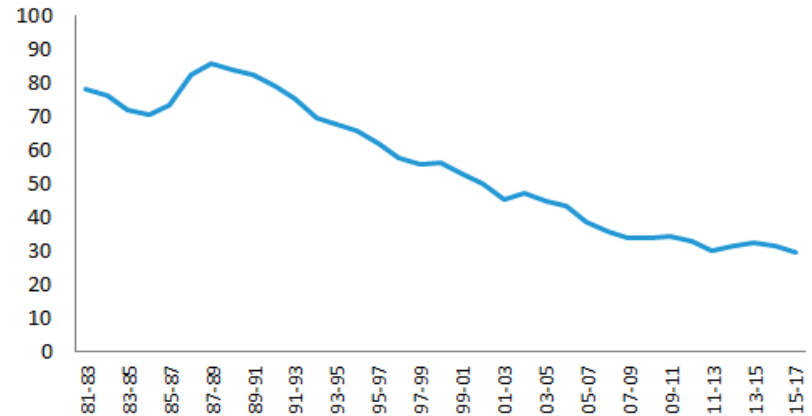
Teen Births

TD 557-19(2) TABLED ON FEBRUARY 21, 2022

NWT have decreased over the last three decades but still remain over three times higher than national rates.

Communities outside of Yellowknife have higher rates of teen births.

The Beaufort-Delta and Hay River health regions have the highest rates followed by the Tłı̄chǫ and the Dehcho.



Note: Births to mothers age 15 to 19. Rate (Births per 1,000). Rates are for 2015-2017 unless otherwise stated.

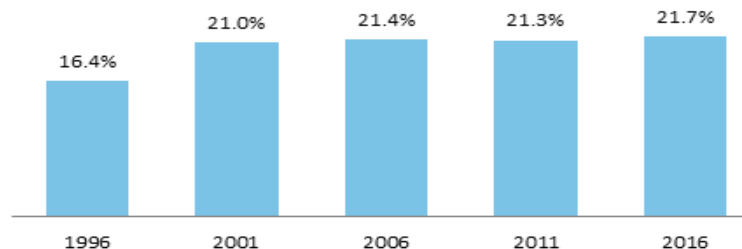
Lone Parent Families TD 557-19(2) TABLED ON FEBRUARY 21, 2022

The proportion of NWT families headed by a lone parent has stayed consistent over the last 15 years but is still higher compared to the national average at 21.7% versus 16.4%. A greater proportion of lone parent families are considered low income than couple families (37% vs 7.4%)

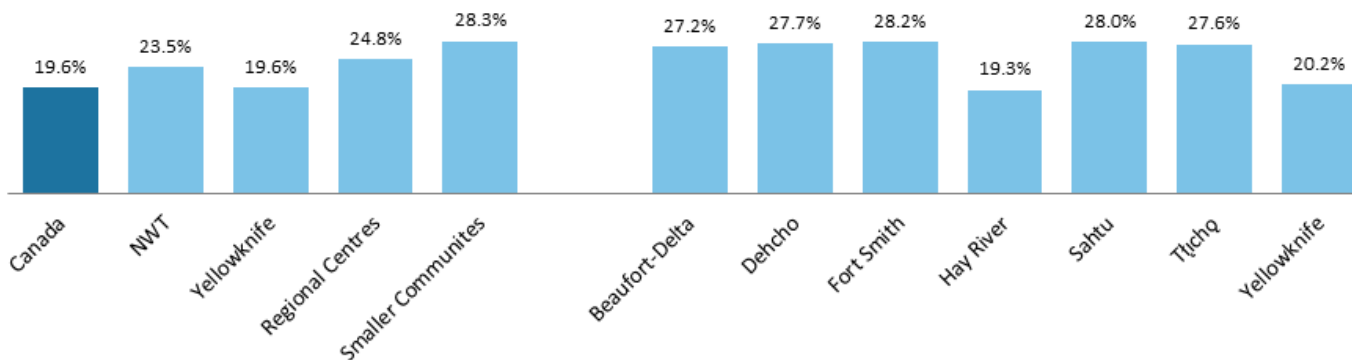
The NWT has a higher proportion of children (age 0 to 14) living in lone parent families compared to Canada.

Communities outside of Yellowknife and Hay River have a higher proportion of children living in lone parent families.

% of Families headed by a lone parent



Proportion of Children (Age 0-14) living in lone parent families



Notes: Results are for 2016 unless otherwise stated. Income figures are after tax.

Child Welfare, Development and Mental Health

- Children can come into contact with the child welfare system for a number of reasons including, physical/sexual abuse, neglect, abandonment, behavioural issues, and where the parent requires support. Underlying these reasons for contact, often involve issues of poverty, mental illness and addiction which are in turn driven by multi-generational impacts of residential school and colonization.
- The status of a child's development in kindergarten is considered a good predictor of their readiness for school. The early development instrument measures a child's ability to meet age appropriate development expectations.
- Mental disorders often have their origins early in life. The proportion of the population having been hospitalized shows only the most serious cases as most mental health services are provided outside of hospitals.

Children Receiving Services

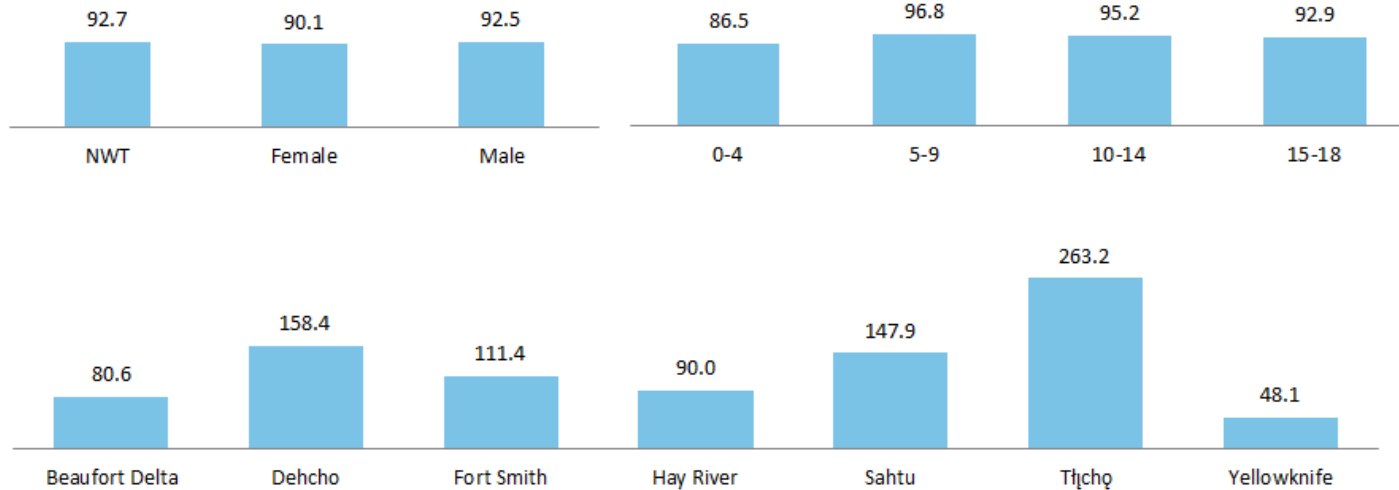
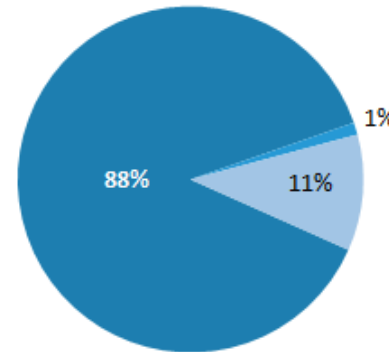
2018-19(2) TABLED ON FEBRUARY 21, 2022

Approximately 92.7 children per 1,000 - or 9.3% of the population age 0 to 18 - received a child-welfare service (voluntarily or court-ordered) in 2018-19.

The vast majority of children receiving services are Indigenous.

Regionally, the Tłı̨chǫ had the highest rate and Yellowknife the lowest.

■ Indigenous ■ Non-Indigenous ■ Unknown



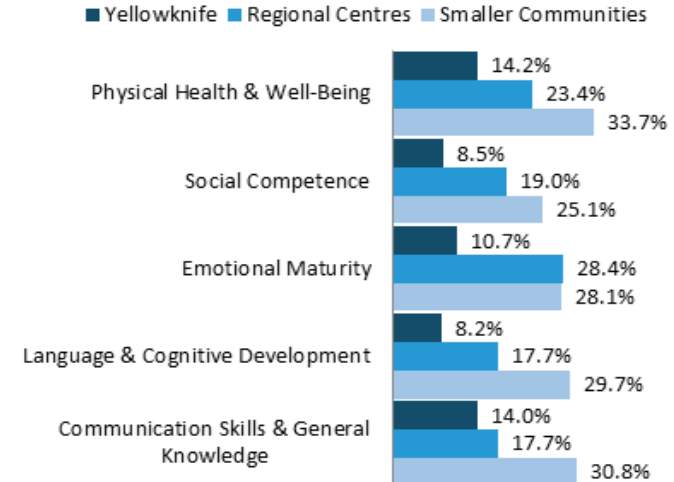
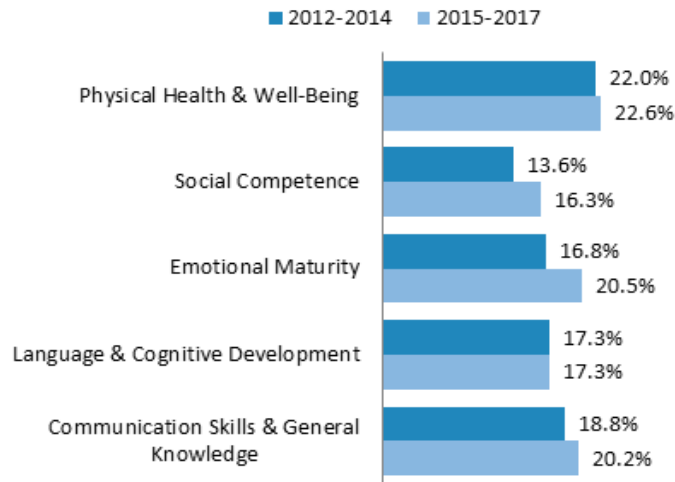
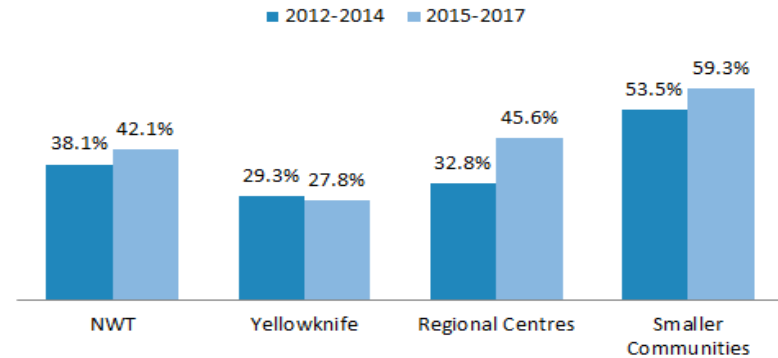
Note: Data are for 2018-19 fiscal year and rates are per 1,000 unless otherwise stated. Pre 2018-19 comparisons cannot be made due to changes that have occurred in how child welfare information is collected.

Children Vulnerable in Areas of Early Development

42.1% of NWT children, at the age of five years, are considered to be vulnerable in one or more domains used to assess school readiness compared to the expected norm of 25.4%, and the national average of 27%.

Children outside of Yellowknife scored the worst—especially in the smaller communities.

Overall, children scored the worst on the domain physical health and well-being as well as on the domain of communication skills and general knowledge.



Notes: Results are for the school years 2015-2017 unless otherwise stated.

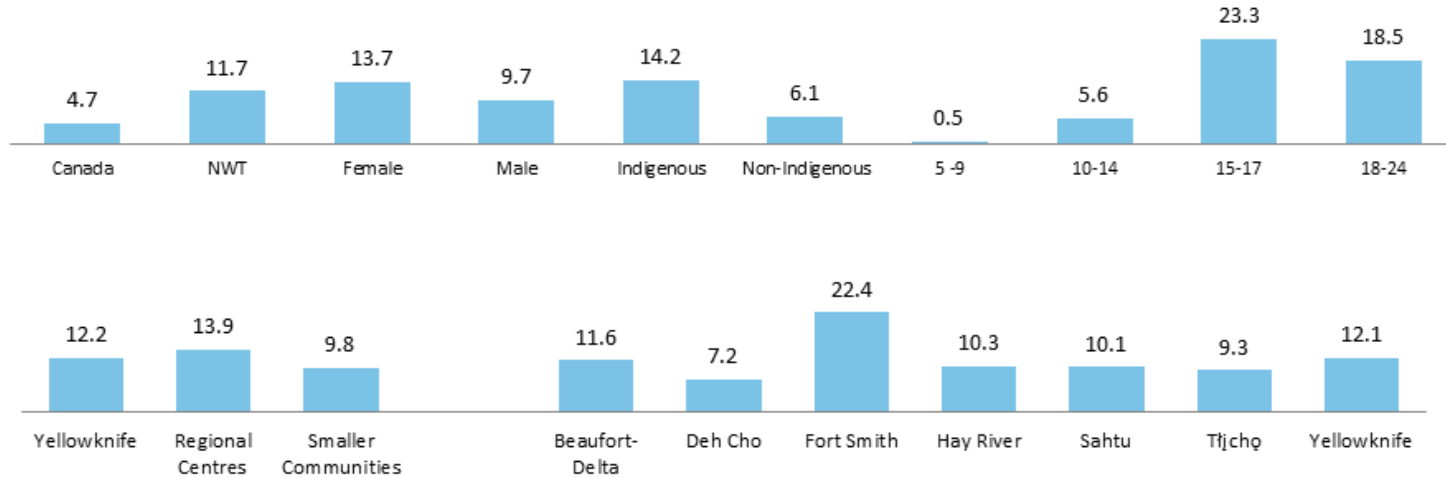
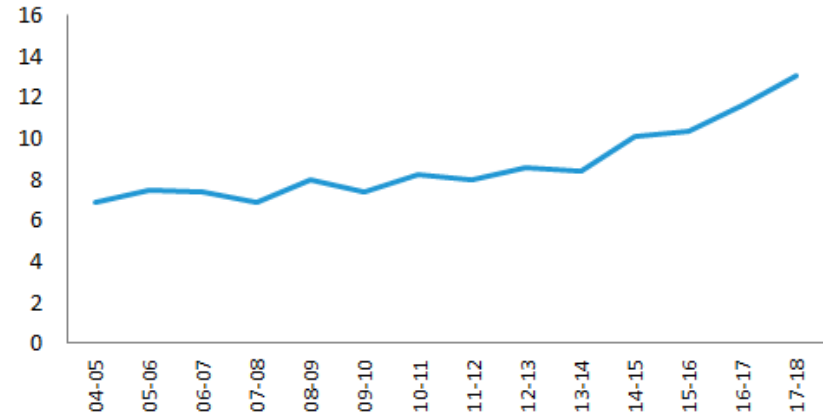
Children and Youth Hospitalized for Mental Health Issues

19/07/2022 10:59 AM (7) TPEP/ED/CONF/SS/ME/2022

NWT rates increased since the the mid 2000s and are well over twice the national average. Rates are higher for females, Indigenous, teens, (age 15 to 17) and youth (age 18 and over).

Rates vary somewhat by community type but are more varied across health regions with Fort Smith having the highest and the Dehcho the lowest.

Substance use disorders were responsible for 27% of hospitalizations, stress and adjustment disorders 24%, and mood (depression) disorders 23%. The remaining hospitalizations were primarily schizophrenic and anxiety disorders.



Note: Figures are for children and youth, age 5 to 24 years, hospitalized once per year or more per 1,000 population except where type of mental health condition is presented (based on total hospitalizations) . All data are three-year averages (2015-16 to 2017-18) unless stated otherwise.

EXPENDITURES



NWT Health Expenditures

Q57-19(2) TABLED ON FEBRUARY 21, 2022

- The North in general, and the NWT in particular, have higher health care costs compared to the rest of Canada
- The NWT has higher per capita health care costs compared to most other jurisdictions because of the territory's large geographic area and low population density (a small population spread across 33 communities).
- The lack of population density makes it difficult to achieve the economies of scale that are found in southern jurisdictions, where populations are larger and more concentrated. Specialized services and hospital care often requires patient travel further adding to overall health care costs.
- The North is also an expensive place to provide public services, as well as build and maintain public infrastructure. Relative to the south, costs are higher for labour, materials and transportation. Infrastructure development and maintenance is more demanding due to climate and geotechnical issues (ground issues due to freezing and thawing).
- In addition to the aforementioned factors, the poorer socioeconomic status and lower health status of the NWT adds to cost of health care relative to southern Canada.

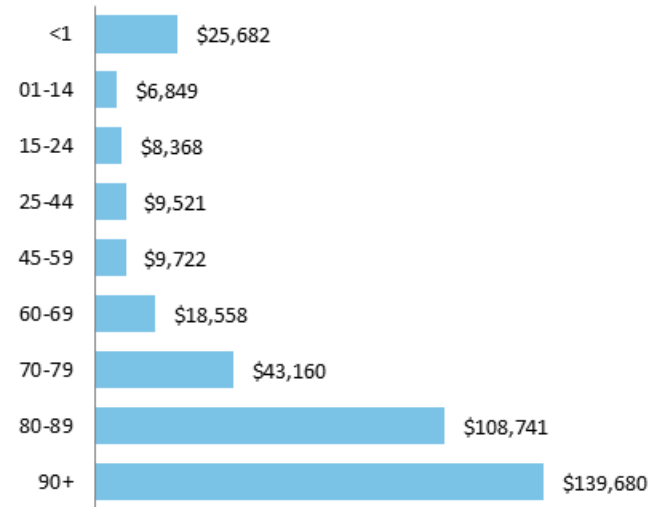
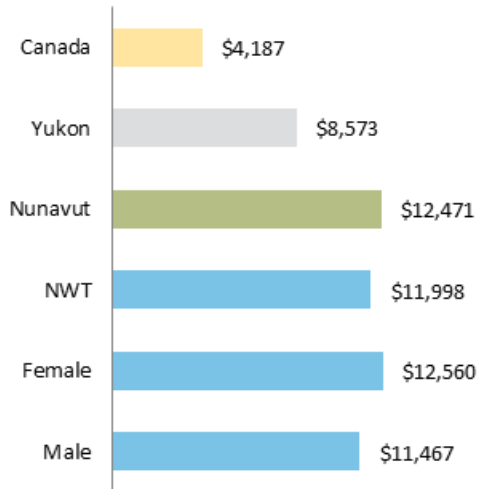
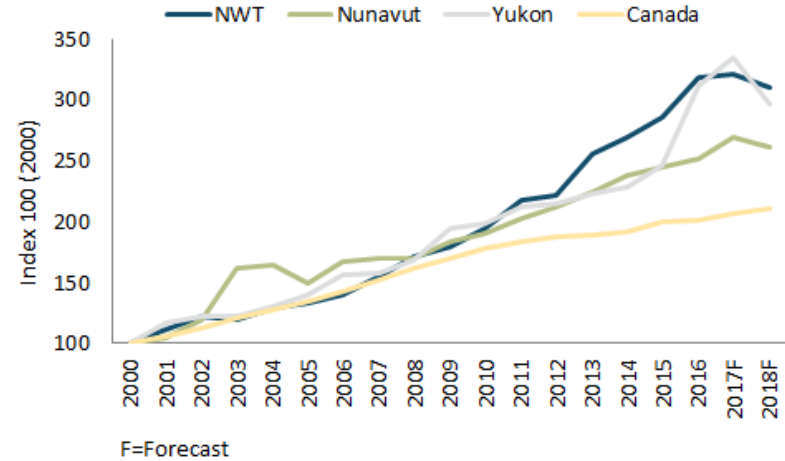
Health Expenditures - \$ Per Capita

TD 55-19(2) TABLED ON FEBRUARY 21, 2022

NWT has the second highest health care expenditures per capita, after Nunavut, in Canada.

Health care expenditures have been growing at faster pace in the NWT at 211% since 2000, compared to 197% for the Yukon and 161% for Nunavut (nationally at 112%).

Per capita health expenditures ranging from in excess of \$100,000 for those age 85 and over to a low of under \$7,000 for children (1 to 14).



Note: Figures are for the NWT and for 2016 unless otherwise stated. Figures include provincial/territorial government expenditures only.

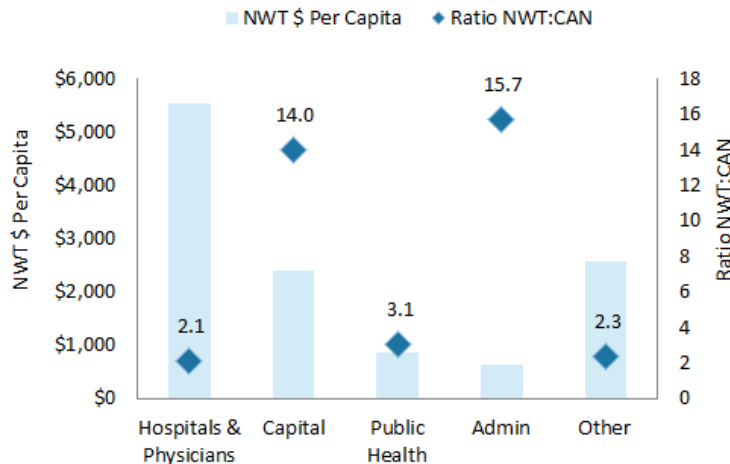
Health Expenditures by Use - Per Capita

TD 657-1047 RELEASED ON FEBRUARY 21, 2022

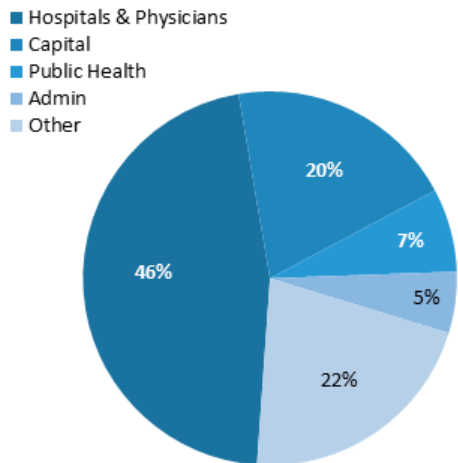
The NWT largest expenditure is on hospitals, health centres and physicians - twice the per capita amount compared to the national average.

Administration costs, though representing 5% of NWT health expenditures, were almost 16 times higher than the national average on a per capita basis.

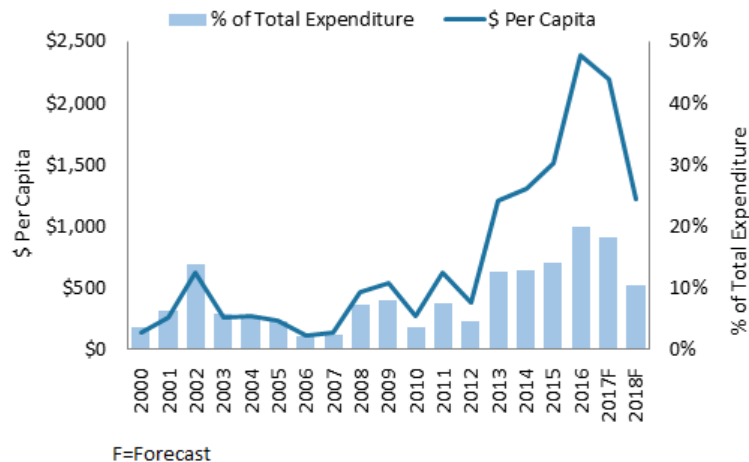
Capital, in 2016, was the second highest expenditure area for the NWT. Capital expenditures vary significantly - representing between 2% and 20% of overall costs in any given year. In contrast, nationally, capital as a proportion of expenditures has only varied between 4% and 6%.



By Use



Capital



Note: Figures are for the NWT and for 2016 unless otherwise stated. Figures include provincial/territorial government expenditures only.

Data sources, methods and limitations

DATE OF REVIEW: 2022 ON FEBRUARY 21, 2022

- The numbers for this report have been drawn from several sources including: NWT Department of Health and Social Services, Statistics Canada, the NWT Bureau of Statistics and the Canadian Institute for Health Information. A full list is available at the end of this report.
- Age-standardization to the national population is used throughout the report in order to compare the NWT to Canada. Age-standardization allows for the comparison of two or more populations with different age structures (e.g. Canada's population is older overall than the NWT).
- Numbers in this chart book are subject to future revisions and may not be comparable to numbers in other tabulations and reports due to several reasons, including: population estimate revisions, data entry delays, data collection system changes and methodological revisions. Any changes that do occur are usually small.

Data sources, methods and limitations (continued)

157-1027-0001 FEBRUARY 21, 2022

- Two main geographic sub-groupings are included in this report: community type and regional. Community type is Yellowknife, regional centres (Fort Smith, Hay River and Inuvik), and smaller communities (rest of the NWT). Regional groupings are as follows: Beaufort-Delta (Aklavik, Fort McPherson, Inuvik, Paulatuk, Sachs Harbour, Tsiigehtchic, Tuktoyaktuk, and Ulukhaktok), Dehcho (Fort Liard, Fort Providence, Fort Simpson, Jean Marie River, Kakisa, Nahanni Butte, Sambaa K'e, and Wrigley), Fort Smith, Hay River, Sahtu (Colville Lake, Délı̄ne, Fort Good Hope, Norman Wells, and Tulita), Tłı̄chǫ (Behchokò, Gamètì, Wekweètì, and Whatì) and Yellowknife (including Fort Resolution and Łutselk'e). Hay River usually includes the Hay River Reserve and Enterprise and Yellowknife usually includes Detah and Ndı̄lǫ.
- Other regional breakdowns are occasionally provided based on limited data availability or where small numbers exist.

Sources

TD 557-19(2) TABLED ON FEBRUARY 21, 2022

Subject Area	Subject	Sources*
Determinants of Health and Well-Being	Demographics	SC, BSTAT, DHSS
	Socioeconomics	SC, BSTAT, DHSS
	Healthy Behaviours	SC, BSTAT, DHSS
Mental Health and Addictions	Self-Reported Mental Health and Well-Being	SC, BSTAT, DHSS
	Mental Health and Substance Use Harm Hospitalizations	CIHI, DHSS, SC, BSTAT
	Self-Injury and Suicide	CIHI, DHSS, DJ, SC, BSTAT
Morbidity	Self-Rated Health, Disability, and Top 5 Hospitalizations	SC, BSTAT, DHSS, CIHI
	Chronic and Infectious Diseases	DHSS, PHAC, SC, BSTAT
Mortality	Life Expectancy	SC, DHSS, BSTAT
	Avoidable Mortality	SC, DHSS, BSTAT
Child Health and Well-Being	Infant Health	SC, DHSS, BSTAT
	Teen Births and Lone Parent Families	SC, DHSS, BSTAT
	Child Welfare, Development and Mental Health	DHSS, DECE, McMU, CIHI, SC, BSTAT
Expenditures	NWT Health Expenditures	CIHI, SC, BSTAT

* Abbreviations: BSTAT = NWT Bureau of Statistics; CIHI = Canadian Institute for Health Information; DECE = NWT Department of Education, Culture and Employment; DJ = NWT Department of Justice (Coroner's Office); DHSS = NWT Department of Health and Social Services; McMU = McMaster University - Offord Centre for Child Studies; PHAC = Public Health Agency of Canada; and SC = Statistics Canada.